DEUTSCHE internationale Zeitschrift

für zeitgenössische Wissenschaft

№120
2026

DIZZW 2020

DEUTSCHE internationale Zeitschrift
für zeitgenössische Wissenschaft

DIZZW 2020

DEUTSCHE internationale Zeitschrift
für zeitgenössische Wissenschaft

ISSN (Print) 2701-8369
ISSN (Online) 2701-8377

Deutsche internationale Zeitschrift für zeitgenössische Wissenschaft

• • •

№120 2026

Deutsche internationale Zeitschrift für zeitgenössische Wissenschaft ist eine internationale Fachzeitschrift in deutscher, englischer und russischer Sprache.

Periodizität: 24 Ausgaben pro Jahr
Format - A4
Alle Artikel werden überprüft.
Freier Zugang zur elektronischen Version des Journals

- Edmund Holst (Salzburg) AT
- Michaela Meissner (Köln) DE
- Klara Amsel (Liège) BE
- Briana French (Cambridge) GB
- Joleen Parsons (Manchester) GB
- Dragomir Koev (Sofia) BG
- Stanislav Štěpánek (Praha) CZ
- Valeriya Kornilova (Kyiv) UA
- Dmitriy Aksenov (Lviv) UA
- Valentin Bragin (Moscow) RU
- Mirosław Bednarski (Warsaw) PL
- Daniela Villa (Florence) IT
- Mattia Molteni (Rome) IT
- Sylwia Krzemińska (Ljubljana) SI
- Käte Kraus (Vienna) AT
- Eleonora Lehmann (Berlin) DE
- Alexander Dressler (Marseille) FR
- Zdzisław Małecki (Warsaw) PL
- Adrián Borbély (Budapest) HU

German International Journal of Modern Science

• • •

№120 2026

German International Journal of Modern Science is an international, German/English/Russian/Ukrainian language, peer-reviewed journal.

Periodicity: 24 issues per year
Format - A4
All articles are reviewed.
Free access to the electronic version of journal.

- Edmund Holst (Salzburg) AT
- Michaela Meissner (Köln) DE
- Klara Amsel (Liège) BE
- Briana French (Cambridge) GB
- Joleen Parsons (Manchester) GB
- Dragomir Koev (Sofia) BG
- Stanislav Štěpánek (Praha) CZ
- Valeriya Kornilova (Kyiv) UA
- Dmitriy Aksenov (Lviv) UA
- Valentin Bragin (Moscow) RU
- Mirosław Bednarski (Warsaw) PL
- Daniela Villa (Florence) IT
- Mattia Molteni (Rome) IT
- Sylwia Krzemińska (Ljubljana) SI
- Käte Kraus (Vienna) AT
- Eleonora Lehmann (Berlin) DE
- Alexander Dressler (Marseille) FR
- Zdzisław Małecki (Warsaw) PL
- Adrián Borbély (Budapest) HU

Artmedia24

Anschrift: Industriestraße 8,74589 Satteldorf Deutschland.

E-mail: info@dizzw.com
WWW: www.dizzw.com

Chefredakeur: Reinhardt Roth

Druck: Einzelfirma Artmedia24, Industriestraße 8,74589 Satteldorf Deutschland

Artmedia24

Address: Industriestrasse 8,74589 Satteldorf Germany.

E-mail: info@dizzw.com
WWW: www.dizzw.com

Editor in chief: Reinhardt Roth

Printing: Artmedia24, Industriestrasse 8,74589 Satteldorf Germany.

Der Redaktionsausschuss der Zeitschrift ist nicht verantwortlich für die veröffentlichten Materialien.

Für den Inhalt der Artikel sind die Autoren verantwortlich
Die Meinung der Redaktion spiegelt nicht unbedingt die Meinung der Autoren wider.

Bei Nachdrucken muss die Zeitschrift zitiert werden.

Das Material wird im eigenen Wortlaut des Autors veröffentlicht.

Editorial board of journal is not responsible for the materials published there.

Authors are responsible for the content of articles.

Opinion of editorial board may not coincide with the opinion of authors.

In case of materials reprinting - link to journal is required.
Materials are publishing in author's edition.

Edition: № 120/2026 (January) – 120th

Passed in press in January 2026

Printed in January, 2026

Printing: Artmedia 24, Industriestrasse 8,

74589 Satteldorf, Germany.

© Artmedia24

© Deutsche internationale Zeitschrift für zeitgenössische Wissenschaft / German International Journal of Modern Science

CONTENT

ECONOMIC SCIENCES

Nuriya Ibrahimova, Günay Mammadova
ANALYSİS, EVALUATİON, AND FORECASTİNG OF A COMPANY'S FİNANCİAL POSİTİON İN THE DİGİTAL ECONOMY 4

HISTORICAL SCIENCES

Giorgi Butskhrikidze
MONITORING MISSIONS OF THE UNPO (UNREPRESENTED NATIONS AND PEOPLE ORGANIZATION) IN ABKHAZIA IN 1992-1993S 7

JURISPRUDENCE

Driola Susuri, Simeana Beshi
CONSTITUTIONAL COMPETENCIES OF THE PRESIDENT IN THE REPUBLIC OF KOSOVO IN RELATION TO THE JUSTICE SYSTEM 16

Nato Tchitanava
PATIENT'S RIGHT TO QUALITY MEDICAL CARE: NATIONAL AND EUROPEAN STANDARDS.....19

PSYCHOLOGICAL SCIENCES

Shafa Shamil Nasibova
COPING STRATEGIES OF WOMEN IN STRESS CONDITION: ATTITUDES AND BEHAVIORAL DIFFERENCES.....28

TECHNICAL SCIENCES

Rauf Jurakhonzoda
ENVIRONMENTAL SPREAD OF HEAVY METALS FROM INDUSTRIAL SOURCES AND WATER CONTAMINATION 31

ECONOMIC SCIENCES

ANALYSİS, EVALUATİON, AND FORECASTİNG OF A COMPANY'S FİNANCİAL POSİTİON İN THE DİGİTAL ECONOMY

Nuriya Ibrahimova
Nakhcivan State University
Associate Professor, PhD in Economics
ORCID: 0009-0006-2786-8899
Günay Mammadova
Nakhchivan State University
Master's Degree Student
ORCID: 0009-0001-3202-3229
DOI: 10.5281/zenodo.18312441

Abstract

The rapid expansion of the digital economy has significantly transformed financial management and analytical processes within enterprises. Digitalization enhances the collection, processing, and analysis of financial data, enabling real-time monitoring of financial flows, more accurate risk assessment, and timely strategic decision-making. The integration of artificial intelligence, big data, automated reporting systems, and cloud-based technologies provides a more objective and efficient evaluation of key financial indicators, including liquidity, profitability, capital structure, and risk resilience.

Empirical evidence suggests that digital tools improve forecasting accuracy by identifying complex relationships among economic variables, thereby strengthening strategic planning and investment decisions. At the same time, digitalization introduces new challenges, such as cyber-security risks, data integrity concerns, technological dependency, and shortages of digital competencies. Consequently, effective analysis and forecasting of an enterprise's financial position require a balanced integration of technological capabilities and institutional frameworks.

Keywords: Digital economy; financial analysis; financial indicators; forecasting models; big data analytics; artificial intelligence; digital transformation; risk management; enterprise performance; digital financial tools.

Introduction

In the contemporary digital economy, comprehensive financial analysis and accurate forecasting have become essential components of enterprise-level strategic management. Intensified global competition requires companies not only to evaluate current financial performance but also to anticipate future risks, investment opportunities, and strategic outcomes (Brynjolfsson & McAfee, 2017). The adoption of digital technologies—such as big data analytics, artificial intelligence, and automated reporting systems—has significantly enhanced the transparency and efficiency of financial performance management.Modern financial analysis extends beyond the assessment of revenues and expenses, encompassing liquidity management, capital structure optimization, risk forecasting, and investment decision support (Xu et al., 2018; Li et al., 2017). For Azerbaijan and other regional economies, the integration of digital tools into financial management is of particular strategic importance, as it promotes transparency, strengthens competitiveness, and supports macroeconomic stability.This study examines digital methods and innovative analytical approaches used in assessing and forecasting enterprises' financial conditions, while also addressing key challenges related to data security, model accuracy, and corporate governance compliance.

Literature review

Research on analyzing and forecasting a company's financial position in the digital economy emphasizes the integration of digital tools and technologies with statistical and quantitative methods for effective financial management. Scholars indicate that digital platforms, big data analytics, and AI enhance enterprise performance by improving forecasting, optimizing financial decisions, and minimizing risks (Brynjolfsson & McAfee, 2017; Li et al., 2017; Dubey et al., 2019; Wamba et al., 2017). Industry 4.0/5.0 technologies further contribute to resource efficiency and decision-making (Kagermann, 2015; Lasi et al., 2014), while blockchain supports transparency and security in financial transactions (Tapscott & Tapscott, 2016).However, rapid technological integration introduces ethical and regulatory challenges, including data security risks, algorithmic bias, and gaps in legal frameworks (Casino et al., 2019; Hermann et al., 2016). These issues highlight the need for effective governance, strategic investment, and policy support.

Research Questions

1. What is the role of digital tools and artificial intelligence in the analysis of a company's financial position?
2. How do blockchain and other digital technologies enhance the transparency and reliability of financial transactions?
3. Which economic indicators are influenced by the integration of technological tools in financial forecasting and evaluation?
4. How do ethical and regulatory challenges affect the accuracy of financial decisions and risk management?

Hypotheses

H1: The use of digital technologies and artificial intelligence significantly improves financial transparency and enterprise performance.

H2: Blockchain technology enhances the reliability of financial transactions and increases the accuracy of audit processes.

H3: Forecasting and assessment algorithms ensure more accurate predictions of future financial performance.

H4: Reducing ethical and regulatory risks increases the effectiveness of financial decision-making and optimizes risk management.

Methodology

This research employs both quantitative and qualitative approaches, enabling a comprehensive understanding of how digital technologies affect financial analysis, evaluation, and forecasting. Data sources include the World Bank, IMF, and annual reports of local and international enterprises. Financial indicators such as GDP, labor productivity, and debt ratios, as well as reports from companies using blockchain and AI, are utilized.Panel data regression models and Generalized Method of Moments (GMM) estimators are used to improve analytical accuracy. Sensitivity analyses and outlier assessments ensure the reliability of results.The analytical framework is based on a digital transformation index, considering the adoption of AI and blockchain technologies, transparency of financial operations, and financial indicators such as ROI, ROA, and liquidity ratios. Multivariable regression models isolate the impact of each technology, enabling a detailed assessment of risk–performance relationships at the enterprise level.

Results

The study finds that integrating blockchain and artificial intelligence technologies into financial processes significantly influences enterprise financial performance. Blockchain enhances transparency, reduces operational costs by 12–18%, and strengthens internal and external accountability. It also mitigates financial risks and optimizes supply-chain operations.Artificial intelligence improves predictive analytics and resource optimization, positively affecting revenue growth and capital efficiency. AI-based decision-making models enhance liquidity ratios, ROI, and ROA. Automated analytical processes and human-machine collaboration offer additional benefits in strategic financial planning.Moreover, the presence of ethical and regulatory frameworks increases technological effectiveness by 10–15%. These findings show that not only technology adoption but also appropriate policies, training, and risk-management mechanisms are critical for successful digital transformation.

Discussion

The results indicate that the integration of blockchain and artificial intelligence significantly enhances financial analysis, evaluation, and forecasting by improving prediction, risk identification, capital allocation, and transaction transparency. Digital transformation, however, presents challenges such as data protection, AI biases, regulatory gaps, and workforce adaptation, which require targeted policies, corporate training, and strategic investments.Overall, these technologies optimize financial operations and strengthen strategic decision-making, supporting sustainable development and competitiveness. Future research should focus on sector-specific applications and comparative analyses to refine analytical models and advance financial transformation.

Policy Recommendations

To enhance financial analysis and forecasting in the digital economy, policymakers should establish clear regulatory frameworks for AI and blockchain to ensure transparency and security. Investments in workforce training are essential to strengthen digital competencies and support adaptation to new technologies. Additionally, promoting innovation, supporting SMEs, and fostering regional and international cooperation can align technological standards and improve overall financial transparency.

Conclusion

Integrating blockchain and artificial intelligence technologies into financial analysis, evaluation, and forecasting significantly enhances accuracy and operational efficiency. AI improves predictive capabilities, resource allocation, and cost reduction, while blockchain strengthens transparency and trust in financial reporting.Ethical standards, data security, and workforce adaptation remain critical factors determining the success of digital transformation. For Azerbaijan and the region, strategic investments, training programs, and public-private cooperation are essential for maximizing the effectiveness of digital technologies.Overall, digital transformation of financial analysis is vital for strengthening competitiveness, supporting sustainable economic development, and ensuring long-term financial stability.

References

1. Brynjolfsson, E., & McAfee, A. (2017). Machine, platform, crowd: Harnessing our digital future. W. W. Norton & Company.

2. Kagermann, H. (2015). Change through digitization—Value creation in the age of Industry 4.0. In Management of Permanent Change (pp. 23–45). Springer.

3. Lasi, H., Fettke, P., Kemper, H. G., Feld, T., & Hoffmann, M. (2014). Industry 4.0. Business & Information Systems Engineering, 6(4), 239–242.

4. Tapscott, D., & Tapscott, A. (2016). Blockchain revolution: How the technology behind bitcoin is changing money, business, and the world. Penguin.

5. Schwab, K. (2016). The Fourth Industrial Revolution. World Economic Forum.

6. Gilchrist, A. (2016). Industry 4.0: The industrial internet of things. Apress.

7. Wamba, S. F., Gunasekaran, A., Akter, S., Ren, S. J. F., Dubey, R., & Childe, S. J. (2017). Big data analytics and firm performance: Effects of dynamic capabilities. Journal of Business Research, 70, 356–365.

8. Xu, L. D., Xu, E. L., & Li, L. (2018). Industry 4.0: State of the art and future trends. International Journal of Production Research, 56(8), 2941–2962.

9. Li, B., Hou, B., Yu, W., Lu, X., & Yang, C. (2017). Applications of artificial intelligence in intelligent manufacturing: A review. Frontiers of Information Technology & Electronic Engineering, 18(1), 86–96.

10. Casino, F., Dasaklis, T. K., & Patsakis, C. (2019). A systematic literature review of blockchain-based applications: Current status, classification and open issues. Telematics and Informatics, 36, 55–81.

11. Hermann, M., Pentek, T., & Otto, B. (2016). Design principles for Industrie 4.0 scenarios. Proceedings of the 49th Hawaii International Conference on System Sciences (HICSS), 3928–3937.

12. Lee, J., Bagheri, B., & Kao, H. A. (2015). A cyber-physical systems architecture for industry 4.0-based manufacturing systems. Manufacturing Letters, 3, 18–23.

HISTORICAL SCIENCES

MONITORING MISSIONS OF THE UNPO (UNREPRESENTED NATIONS AND PEOPLE ORGANIZATION) IN ABKHAZIA IN 1992-1993S

Giorgi Butskhrikidze
PhD student of history
Ivane Javakhishvili Tbilisi State University
Chavchavadze avenue 1, Tbilisi, Georgia.
ORCID: 0009-0005-2820-5635
DOI: 10.5281/zenodo.18312540

Abstract

The Unrepresented Nations and Peoples Organization (UNPO) began to take shape in the late 1980s. Among its founding members were individuals persecuted by communist regimes, such as the leader of the Estonian Congress and sinologist Linnart Mäll, the Uyghur representative Erkin Alptekin, and Lodi Gyari from Tibet. The organization was led by Dutch law professor Michael van Walt van Praag, who also served as an advisor to the 14th Dalai Lama.

The UNPO was officially established in February 1991 at the Peace Palace in The Hague. Among its founding members was the Republic of Georgia, which held full membership status from 11 February 1991 until 31 July 1992, when it became a member of the United Nations—accession to which is the main reason for the termination of Georgia's UNPO membership. Nevertheless, for a certain period, Georgia maintained the status of a "supporting member." In 1992, the Abkhaz side also joined the organization, which subsequently prepared three biased and anti-Georgian reports concerning the Abkhazian War. This paper will examine each of these reports in detail.

Keywords: UNPO, International Organization, War in Abkhazia.

Preamble

As a result of the events developed in Tbilisi in December, 1991, and January, 1992, the legal government was overthrown, and a so called "Military Council" came to power. In fact, civil war was still going in the country. The stated process, in its turn, was followed by a particular activation of Abkhazian separatists, which "was generally expressed in legal disorders carried with rude violation of the Constitution of Georgia and solely Abkhazia and full ignorance of the Regulation of the Superior Council of Abkhazia".

On the 9th of May of 1992, "National Union Council" was founded which was protecting interests of the Georgian side in Abkhazia and carried negotiations with a moderate part of separatists. On the 19th of May the first Georgian Division, - Sokhumi's Mechanized Battalion was formed. On the 23rd of July, separatistic part of the Superior Council of Abkhazia, with vivid procedural violations and illegally, in contradiction with the will of Georgian MPs, adopted a Decree and restored the so called "Constitution of the Abkhazian Soviet Socialistic Republic of 1925". The Government of Georgia annulated the present Decree (Decree of the State Council of the Republic of Georgia 2000:77-78). The Georgian side was making all efforts to settle the worsened situation and the superior officials of the Central Government were constantly visiting Abkhazia. It was the period when a situation on the Abkhazian segment of the Georgian Railway was complicated acutely, mainly the road was constantly robbed that created a danger for supplies of Georgia, as well as of neighboring republics, mainly Armenia (and tomorrow the war was started 1998:4). All the above-mentioned was supplemented with kidnapping of representatives of the Central Government in the Western Georgia (Nadareishvili 1996:52).

On the date of the 10th of August, 1992, the Presidium of the State Council of the Republic of Georgia adopted a special decree about protection of the railway (the Decree of the State Council of the Republic of Georgia 2002:79). On the 14th of August, 1992, Georgian armed forces entered into the region of Abkhazia and they were obliged to protect the railway that was agreed with the Abkhazian side. However, during their rotation, the forces were met with fire which was resulted in getting of the first victims (Jojua, 2009:158). Actually, this date was recognized as the date of starting of the War in Abkhazia, which was going on till the 27th of September, 1993 and had murdered thousands of Georgians, more than 200 000 people had been internally displaced.

The Georgian side was searching for different ways of peaceful regulation of the conflict, including involving of the Russian Federation into negotiations. The Government of Georgia had addressed to Moscow with a peaceful initiative. On the 3rd of September, 1992, Georgian and Abkhazian sides concluded a treaty, in which one of the parties was also represented by the Russian Federation (Moscow Meeting's Summarizing Document 2002: 81). Despite of this, it is noteworthy, that the Russian side had done nothing for implementation of the treaty, and, in fact, with this it enhanced strengthening of separatists: "Without any exaggeration we may say, that the Russian side once again revealed its traditional diplomatic perfidy and had done nothing for fulfillment of the "summarized document". Moreover, being instigated by Moscow, V. Ardzinba, almost immediately, started revision of the Treaty dated by the 3rd of September" (Papaskiri 2007: 380), where the final result was the attack committed against Gagra in the beginning of October of the same year and massacre of Georgians having an image of

genocide and ethnic purification. In the battle carried for Gagra, as well as during the whole war, Abkhazians were supported by the North-Caucasian hired soldiers and Russian Forced Arms. Separatists managed to cross the Russian-Georgian border line and, accordingly, they, in fact without any obstacles had an access to the Russian side by land route. The Gagra's tragedy was beginning of the Georgian's genocide and ethnic purification during the Abkhazian War (Papaskiri 2007: 38). The facts of ethnic purification and genocide in relation to Georgians in Gagra and, generally in Abkhazia was condemned by the International Community and it was reflected in the Decree, one of them is the OSCE Document adopted in Budapest. On top of all, the genocide against Georgians was registered in the OSCE and UN's relevant documents (OSCE-Summit of Heads of State or Government 1996: 3, Aleksidze 2008: 33-46). Resolution of the UN Human Rights Commission and Security Council dated by the 4th of Marc and 25th of March of 1994 (Resolution 906 of the UN Security Council), as well as in the resolutions of 1995 and 24th of March (Resolution of the UN Security Council 993).

Delivery of the objective information about the processes developed in Abkhazia to the world community for the Georgian side represented a serious problem against the background when the separatistic and Russian media channels had been prepared in advance. They actively were spreading false information about the circumstances existing in the region. (Newest History Central Archive, fund 767, vol.1, case. 111, page. 15-17). According to the Russian author Svetlana Chernovaia: "They were looking for their "supporters" (represented relevantly informed, and warned allies) in the Union ("Commonwealth of Independent States") and foreign centers preliminary. . . Upon reaching of the "relevant peak hour" and starting of the slaughter, "for assisting to the Abkhazian side", "supporters", international observers, TV commentors, "specialists" of the scientific institutes, "Peace Protection Center" and others who had been already trained for this role would start their activity (braces and other precisions belong to authors – G.B.) (Chernovaia 1994:125).

UNPO's organization: targets, structure, members

"UNPO" (Unpresented Nations & Peoples Organization) was founded in the end of the 80s of the XX century. On the first stage the founders, among which were the leader of the Estonian Congress, persecuted by the Communistic regime, sinologist Linart Mall (Jurgenson 2022: 27-37), a representative of the Uighur People Erkin Alptekin and Lodi Gyari from Tibet, and the organization was chaired by the Netherland's Professor in Jurisprudence Michael Walt van Praag, who also acted as the advisor of the Dalai-Lama XIV (https://unpo.org/about).

The organization was officially founded in February, 1991, in the Hague Peace Palace. One of the founders was the Republic of Georgia as well (https://unpo.org/section/2), which had a status of a member of the organization in the period since the 11th of February, 1991 – till the 31st of July, 1992, unless Georgia became a member of the UN Organization (Doghonadze 2002:45; Resolution of the UN Organization 763), becoming a member of which is a principal reason for termination of the status of the member of the UNPO for the subject[1]. However, during a definite period of time, Georgia was preserving a status of the "supporting member". Here, we would like to note that, on the 24th of March of the same year Georgia became a member of the OSCE (Saralidze 2009:150).

This organization is aimed at assisting to the nations and states which had not been recognized by other states and are not represented in the UN. Accordingly, participation of such subjects in international processes are minimal. The targets also include the issues such as protection of cultural rights, religious rights, right of self-determination, individual human rights, right of heritance (on the territory of any state – G.B.), environmental issues as well, which have an impact on routine life and existing state of these nations (https:/unpo.org/about).

Targets and tasks of the Organization had been mitigated on the second General Assembly held in August of 1992. A part of the Organization's activity represents preventive actions which must be carried in the regions where there is a constant danger for arising of a conflict between different nations. With the account of the fact that the Organization has poor financial resources, sending of monitoring missions in the problematic regions and, based on the request of the Organization's members, as well as appeals of other states and their work is short-termed. Members of the Mission pay a particular attention on the factors which may cause origination of violence and conflict.

The Georgian National-Democratic Party was collaborating with the stated organization. As for Abkhazia, it became a member of the stated organization in January, 1992 and the so called "Ministry of Foreign Affairs" cooperates with it. (Ennals, Farrar, Scholtbach, Mall, Praag, Hille 1992:21). A brochure is published on the site of this Organization giving information about a member of this Organization, - Abkhazia (Member Profile of Abkhazia 2012: https://unpo.org/members/7854).

Monitoring missions of the stated organization had visited Georgia three times. The first visit was made in July, 1992, based on a request of the Chairman of the Superior Council of the Republic of Abkhazia, Vladislav Ardzinba, chaired by the General Secretary of the same Organization Van Walt van Praag, and in November, the Monitoring Commission arrived in the conflicting territory.

We have two explanatory reports: one is generally about the Mission held in November, 1992, reviewing visits made in July and November (Ennals, Farrar,

[1] Note: In the process of the survey we contacted the stated organization and requested additional materials on the issues of involving in the Abkhazian war and membership of Georgia in the organization, but he did not obtain additional references except for the official information placed on the website.

Scholtbach, Mall, Praag, Hille, 1992:). The stated report, sometimes later, was published without additional documents in the Edition "Central Asian Survey" (Overeem 1995: 127-154), and the second of the Mission held in 1993 which became a summarized and final document (Ennals, Farrar, Scholtbach, Mall, Praag, Hille 1993; Overeem 1993:325-345).

In November of 1992 they met the conflicting parties and prepared relevant reports, which one-sidedly and in fact, accuse the Georgian side in the stated conflict. We got acquainted with both conclusions – the first is the report of the UNPO's mission in Abkhazia, Georgia and Northern Caucasus" and the second visit was held in November of 1992 with the "Report of the UNPO's Human Rights Coordination Mission in Abkhazia and Georgia". The stated document summarizes results of the first visit, as well as currency of the war and the processes developed upon the end of the war.

Leader of the Abkhazian separatists Vladislav Ardzinba was accusing the UN Organization and other international organizations in partiality towards Georgia and noted that "in that difficult time when in terms of the informational isolation, spreading of the genuine information about the processes carried in Abkhazia was especially important . . . I addressed to the General Secretary of the UNPO" (Ardzinba 2018: 262).

In the letter dated by the 15th of May, 1992 Vladislav Ardzinba accuses the Georgian side in discriminative politics towards Abkhazia and worsening of the situation.

"During the last years, political management of the Republic of Georgia carries discriminative politics towards the Abkhazian people, striving for independence and facing violent resistance from the Georgian leaders. They carry Anti-Abkhazian hysterics and express accusation in relation to leaders of the Republic of Abkhazia and its Parliament. In addition to it, there is an attempt of a paralleled management and creation of executive authorities in the Republic (probably he considers the National Unity Council – G.B.). Armed divisions are formed (he considered the Sokhumi Mechanized Battalion – G.B.) and they openly declare that they wish to change the Abkhazian Governance. The Superior Council of Abkhazia addresses to you for receiving of urgent measures to avoid using of force against the Abkhazians by the Republic of Georgia and asks you to be a mediator in the process of settlement of the Georgian-Abkhazian conflict in a peaceful way" (Ennals, Farrar, Schotltbach . . . 1992:30).

Upon the stated appeal, in the beginning of July of 1992 Sokhumi was visited by the General Secretary of the UNPO Michael van Walt van Praag who conducted meetings with the Chairman of the Superior Council of Abkhazia Vladislav Ardzinba, as well as with Abkhazian and Georgian members of the Superior Council and local population (Ennals, Farrar, Scholtbach … 1992:31).

After the visit, on the 14th of July, he sent to the Head of the State Council of Georgia Eduard Shevardnadze and to the leader of the Autonomous Republic of Abkhazia letters in which he summarized results of the visit in Abkhazia, the existing state and considered ways of settlement of the conflict. Contents of these letters were similar. Praag reviews the existing situation and remarks that proceeding from the fact that the relation between the Central Government of Georgian and the Government of Abkhazia is at a minimal level, all this may cause: "deepening of the conflict which will be followed with surplus complication of the state and as a result of it we will receive a kind of conflict such as the conflict in the Southern Ossetia" (Ennals, Farrar, Scholtbackh . . . 1992:31). In the same letter he reviews a role of each subject in the UNPO, a role of Georgia as of the founding member and that the Georgian National-Democratic Party was collaborating with it. Besides, it notes: "The reason of entering into the organization as a member is that it has contradictions with Georgia or Georgians. In contrary, Georgians solely acquainted and represented, recommended to Abkhazia membership in the UNPO" (Ennals, Farrar, Scholtbach . . . 1992:32). The author cites that while being in Abkhazia he met, on the first hand, Abkhazian, Russian and Armenian MPs of the Superior Council, and, on another hand "Georgians, who had left a building of the Superior Council and conducted sessions separately. They, differently from you (he addresses to Vladislav Ardzinba – G.B.) have absolutely different positions and, it seems to be, they behave according to the attitudes of the Tbilisi Government" (Ennals, Farrar, Scholtbach . . . 1993:32). After acquainting and summarizing of positions of all sides he concludes that "all agrees that if the problem is not resolved and a relevant decisions is not made military conflict will start" (Ennals, Farrar, Scholtbach. . . , 1992:33). Here, we would like to remark, that both sides represent generally historical arguments, and based on his assessment, "historical arguments should not be applied while resolving of principal issues despite of the extent of their rationality" (Ennals Farrar, Scholtbach . . . 1993:33). Praag recommends to the Central Government, as well as the Government of Abkhazia to share responsibility in the fields of governance, economics and culture. Besides, he stated, that the worsened situation of Georgia, against the background of other conflicts existing in the Caucasus, faces much more challenges and "I am also sure that if military forces will participate in the struggle for satisfaction of mutual pretensions it will be difficult to find out an outcome and the situation will be changed dramatically" (Ennals, Farrar, Scholtbach . . . 1992:3). For reaching of the agreement between the parties on resolving of the conflict Praag suggested to carry meetings and discussions in Hague or any other city.

On the 14th of August of 1992 the Government of Georgia sent its troops to the Abkhazian Region. The Chairman of the "Democratic Party of Abkhazia" Guram Gumba, accompanied by two representatives of the Republic of Chechnya departed to Europe, he carried meetings in Geneva and Netherlands and requested sending of special missions for acquainting with the circumstances developed in Abkhazia. On the 11th of September of the same year Vladislav Ardzinba sent a fax to the General Secretary of the UN Organization and the head of the UNPO and also requested sending of the monitoring missions to Abkhazia (Ennals, Farrar,

Scholtbach . . . 1992:35). In the letter sent to the General Secretary of the UN Organization Butros Butros Gali he, surely, accuses the Georgian side in the conflict and states that "the Georgian side has not made any effort to reject that the main target of this military intervention had been liquidation of the national movement of Abkhazia and cancellation of legitimate authorities of the government and implementation of a kind of regime which would be adoptable for Georgia". (Ennals, Farrar, Scholtbach . . . 1992:40). Moreover, he blames the Georgian side in breaching of the peace treaty dated by the 3rd of September, 1992 and genocide of Abkhazians: "Unfortunately, the Georgian side did not fulfill the agreement and the bloodshed is going on. Strict occupational regime was strengthened in Georgia by the Georgian forces. Robbery, murder, raving, and other crimes happen too often. Destroying of cultural monuments and villages received a face of genocide. We address to you with a request to draw attention from the world community on the tragical circumstances existing in our Republic and ask you to make all efforts for suspending of this bloodshed on the Abkhazian land and to investigate the above-mentioned facts" (Ennals, Farrar, Scholtbach . . . 1992:40). On top of all, it is noteworthy that on the 16th of September, the UN organization's mission, by a special flight, arrived from Tbilisi and its visit was agreed between Eduard Shevardnadze and Butros Butros-Gali via telephone wire. The mission was aimed at "investigating of the situation developed in the Autonomous Republic and to support settlement of the conflict.

Mission of the UNPO's in Abkhazia in November of 1992

The next UNPO's mission arrived in Abkhazia in the period since the 31st of October, 1991 – till the 8th of November. The mission consisted of the member of the British Parliament, a member of the Secret Council of Her Majesty, the former Minister of Health Protection, Lord David Ennals from the Labor Party, Margarethe Farrar, Special Assistant of the American Congressman Tom Lantos, the Vice-President of the Subcommission of the European and Middle East's Foreign Affairs, co-Chairman of the Group of Human Rights Protection Group of the Congress; Elvaro Sholtbach, a representative of the apparatus of the Foreign Relations Commission of the Parliament of Netherlands and a member of the Labor Fraction in the Parliament; professor Linart Mall from Estonia, Doctor of the Tartu University, the Vice-Chairman of the Estonian Independence Party and the Vice-President of the UNPO Assembly and Director of the Tartu Branch of the same organization and, finally, the above-mentioned UNPO's General Secretary and the lawyer Michael van Walt van Praag (Ennals, Farrar, Scholtbuch . . . 1992:6).

In scopes of the Mission they met the separatists' leader Vladislav Ardzinba, Eduard Shevardnadze, the Refugee President of Georgia Zviad Gamsakhurdia and the President of Chechnya Johar Dudaev, as well as officials from Gudauta, Gagra, Sokhumi and Tbilisi (Ennals, Farrrar, Scholtbach…1992:6).

Prior to discussing of definite meetings and steps carried by the Mission, we would like to note that the conclusion prepared by them was characterized with a particular impartiality and anti-Georgian character and in the processes developed in Abkhazia, in the periods during and prior to the war the Georgian side is accused. For instance, we can read the following abstract in the summarized document:

"The delegation collected significant evidences of the constant cruelty of Georgians towards Abkhazian and other non-Georgian nations that, in the opinion of the Delegation, cannot be recognized only as a disciplinary deficiency in the armed forces. Georgian troops and supporters committed mass robbery and dismantling of Abkhazians' houses and their cultural organizations. The delegation interviewed peaceful population, including pregnant women and children, who became victims of torturing, beating and murdering from the side of the Georgian soldiers about the cruelty committed by them. These accusations were confirmed by the Georgian official bodies. The Delegation revealed evidences of destroying by Abkhazians in Gagra, where they burnt too many houses in October, after capturing of the city. However, there is no any evidence of mass murder committed by them which was covered by the Georgian media. Such accusation from the Georgian side is a propaganda" (Ennals, Farrar, Scholtbach … 1992:23-24).

This delegation's report, generally, repeats the Vladislav Ardzinba's accusations in relation to the international community that "the series of investigations carried by the investigation groups of the UN and OSCE was not sufficient and more attention should be paid to Abkhazia". (Ennals, Farrar, Scholtbach . . . 1992:23).

About the facts of breaching of human rights and destroying of cultural inheritance:

The present report is characterized with the anti-Georgian moods. For instance, while reviewing of the historical past of Abkhazia we do not meet an indication that it is an historical region of Georgia. In fact, till the year of 1931 it is discussed as an independent subject, which, voluntarily, joined to the Russian Empire, on the first stage, and then to the Soviet Russia. "And, in 1931, as a result of the Stalin's caprice, it lost a definite independence and was joined to Georgia with the autonomous status and from this date, oppressing of Abkhazians was started" (Ennals, Farrar, Scholtbach … 1993:331). Georgians are being accused in starting of the war as well. Partiality of reports is caused by the fact that actually there are no vivid Georgian's positions and arguments. One of the examples of the particular severity committed against Abkhazians are testimonies of Abkhazian physicians, and Georgian physicians had not been interviewed.

Besides, during consideration of the military actions in Gagra, in fact only contradictory positions of the Georgian side were duly expressed. For instance, the author states that "Severe actions committed by Georgian soldiers were caused not only by their "uncontrolled actions", but were stimulated by the Government of Georgia. They entered into the Abkhazians and non-Georgian houses, burnt, robbed them, raved and murdered citizens and it was confirmed that they had special lists and addressed of victims". (Ennals, Farrar,

Scholtbach… 1993:338) and all this was happening against the background of several houses burnt by Abkhazians.

According to the document, they had met representatives of the Abkhazian intelligence (names and surnames are not indicated – G.B.) and they accused the Georgian side in intentional damaging of the Abkhazian University, as well as the intentional destroying of the Abkhasian Press and Publishing Houses, schools, institutes, museum, National Archive of Abkhazia (Ennals, Farrar, Scholtbach …1993:340).

In the first UNPO's report only one abstract is devoted to the war crimes committed by Abkhazians:

"The delegation determined that Abkhazian and their allying forces expressed severity to the Georgian population, they violated human rights. However, these actions did not carry systematic characters and did not reach the scales of severity revealed from the Georgian side. On top of all, the Abkhazian side makes active steps for investigation of facts of breaching of human rights and punishing of offenders. According to the Georgian army prisoners they were cared well by the Government of Abkhazia. They had been in good conditions and administered a relevant ration of food and they have good relations with Abkhazian soldiers" (Ennals, Farrar, Scholtbach… 1993-340).

And the second (final) report also has one abstract about crimes of the Abkhazian side:

"On the territory controlled by the Abkhazian Government (e.g. separatistic government – G.B) during the war there had been evidences of Anti-Georgian violence, including punishment with death without the court, burning and robbery of houses and property… especially in October, 1992, after capturing of Gagra by Abkhazian troops. On the final stages when the Abkhazian forces, supported with the North-Caucasian military groups, returned Sokhumi and the remained territory of Abkhazia until the river Enguri, there is evidence of serious breaches. They violated human rights and International Humanitarian Law and upon entering Sokhumi killed a lot of people. However, majority of Georgian had already left the territory of Abkhazia" (Ennals, Farrar, Scholtbach…1992:13).

The stated is confirmed based on the information shared by one of the ideologists of separatists and politician having Anti-Georgian moods Iuri Voronov, according to which in the period since August, 1992 – till September, 1993, the Government of Abkhazia was controlling a part of the territory, and the headquarter of the government was dislocated in Gutauta. Generally, police did not exist and its functions were fulfilled by the Abkhazian army. The Military Tribunals overtook functions of civil courts. The law did not recognize difference between Georgian and Abkhazian citizens. The Georgian law being applied in Abkhazia did not stipulate provisions of punishing with death. During the war, the Government of Abkhazia initiated punishment with death. Besides, according to Iuri Voronov, during the war the Abkhazian Court had not issued any death verdict and had not executed it (Ennals Farrar, Scholtbach …1992:329).

The summarized document of the UNPO's first mission represents the following recommendations focused on conflict regulation: it is necessary, as soon as possible, to create and to approve a new initiative which will provide termination of fire in Abkhazia. This initiative may be implemented on the active mediation of the third party or parties being reliable for both countries. Approval of termination of fire should be followed by serious negotiations on withdrawal of Georgian forces and North-Caucasian allies from Abkhazia; besides, we need strengthening of the activities focused on restoration of belief and determination of the future status of Abkhazia. Any treaty on the future status of Abkhazia and relations with Georgia should have efficient and long-termed guarantees for its implementation (Ennals, Farrar, Scholtbach… 1993:24).

The UNPO's third mission in Georgia

On the date of the 27th of September, 1993 (the date of the Fall of Sokhumi) too many Georgians were killed, and about 250 000 people became refugees. The UNPO decided to send a new mission to Georgia which would get acquainted with the situation on-site (Ennals, Farrar, Scholtbach… 1993:4). The mission was working since the 29th of November, 1993 – til the 10th of December, 1993. Participants of the mission: Mikhael van Walt van Praag – UNPO's General Secretary, Pauline Overeem – UNPO's representative, Menelaos Celios – Assistant to the General Secretary of the UN Organization. The above-mentioned person was represented the organization "The International Federation for the Protection of the Rights of Ethnic, Religious, Linguistic and Other Minorities". The stated mission was also represented by a representative of the UN Organization Geneva Office Hrair Balian, who also represented two international organizations "Human Rights Advocates Resolution (HRA) and COVCAS Center for Law and Conflict Resolution and a representative of the Pax Christi Netherlands Egbert Veselink.

The Mission combined the following routes: Moscow, Gagra, Gutauta, Sokhumi, Ochamchire, Tkvarcheli, Labra, Konstantinovka, Adzvizhba and Tbilisi.

The Georgian side was accusing Abkhazian separatists and their allies in committing of the "ethnical purification". According to the above-mentioned mission's report: "Reliable evidences of committing of the politics of ethnical purification had not been detected". (Ennals, Farrar, Scholtbach… 1993:3).

That time the UN Organization, OSCE and other international organizations were recognizing "ethnical purification" of Georgians in Abkhazia. For instance, the Resolution of the UN Organization dated by the 19th of October, 1993 stated that the "Organization was deeply excited due to humans' torture, ethnical purification, serious breaches of the International Humanitarian and Other laws caused by the regional conflict" (Resolution 876 (1993): 2-3). The UN Organization adopted and shared the report of a Constant Representative of Georgia Petre Chkheidze in the Security Council regarding the stated issue (Georgia State Committee for Investigation 1994:18).

The same issue had been covered by the OSCE's Decree of the Budapest Conference, dated by the 2-3

December of 1994, according to which "they expressed disturbance due to "ethnical purification" and mass displacing of population represented majorly by Georgians.

They had been displaced from their own places of residence and many peaceful citizens had been killed. (CSCE-Budapest Document, 1994:3).

"Ethnical purification" of Georgians in Abkhazia had been condemned in the declaration of the OSCE's Lisbon Summit of the 3rd of December, 1996: "We (member-states of the OSCE – G.B.) condemn "ethnical purification" in Abkhazia which was expressed main CSCEy by mass murdering of Georgian population and their forced displacement" (Fifth OSCE Summit… 1996:8).

Army prisoners and refugees

Military actions are usually followed by imprisonment of soldiers who are protected by the Geneva Special Convention (Geneva 1949: 2008). In fact, from the first day of military actions in Abkhazia in 1992-1993s, conflicting sides were imprisoning soldiers of the opposite side. The army prisoners were constantly being changed (Karkarashvili 2025: 291-292: Sanaia 1992:3).

In the final report of the Monitoring Mission of the UNPO, a separate extract is devoted to the issue of the army prisoners full of accusation to the Georgian side an representing generally interest of the Abkhazian side. For example, according to the report Georgians killed Abkhazian army prisoners and "representatives of the Government of Georgia asked money from the deceased people's relative in place of delivery of their corps" (Ennals, Farrar, Scholtbach… 1993:13). One of the examples of irrelevant treatment with Abkhazians by the Georgian side is a reference that "in March of 1993 during changing of army prisoners Georgians killed 20 Abkhazian army prisoners that is proved by the conclusion prepared by Abkhazians physicians" (Ennals, Farrar, Scholtbach… 1993:13). Here, it is noted that both sides often imprisoned peaceful citizens to replace them with the army prisoners.

During the military actions carried in Abkhazia and after their ending hundreds of thousands of citizens became refugees, including 250 000 Ethnical Georgians. The UNPO's report covers the issue of refugees rather peripherally and carries generally statistical character. For instance, they named as a reason of leaving of the Region by the Greek and Israeli population their oppression by the Georgian army and acute economic and criminal situation created after the war (Ennals, Farrar, Scholtbach…1993:16).

To illustrate abruptly negative attitude to the Georgian side we would like to cite the examples connected with the participants of the above-mentioned mission UNPO Linart Malls and David Ennals).

The last meeting of the Monitoring Mission was carried in the capital of Chechnya – Grozny. It was the time when the North Ossetians and Ingushetians had a conflict due to the Prigorodny District and the leader of Chechnya Jokhar Dudaev was trying to settle the conflict. It is noteworthy, that invitation of the UNPO to Abkhazia was initiated by the Chechnya's leader who had friendly relations with one of the members of the Mission Estonian Linart Mall "since the period when Jokhar Dudaev was serving as the Commander of the Division of Strategic Bombers in Tartu" (Jurgenson 2022:33). Linart Mall was living in the same city and was teaching students in the University. He had founded the UNPO's Coordination Office in Tartu which was studying ethnical conflicts existing on the territory of the Western Europe and on the territory of the form USSR. According to the Estonian researcher Aivan Jurgenson Linart Mall had good relations with the leaders of Chechnya and Abkhazia.

As for their attitude to Eduard Shevardnadze, it was abruptly negative, that, probably, had an impact on their conclusion: "The Georgian leader Eduard Shevardnadze was mentioned with uncovered hate, that probably hindered to the UNPO's mission to be objective. Besides, in one of the interviews, Mall recalls Shevardnadze as a white fox (Jurgenson 2022:3), and in his interview with the Estonian Newspaper "Postiman" he stated that he "had not doubt in defeating of Shevardnadze in the war that would be resulted in releasing of the Caucasus" (Jurgenson 2022:28). The researcher Ayvar Jurgenson explains a negative attitude of Linart Mall towards Eduard Shevardnadze due to his past as, for the Mall, was associated with the communistic regime combatted by himself.

It is noteworthy that Linart Mall, in August, 1992, visited Chechnya where he, on top of detecting of the conflict between the Northern Ossetians and Ingushetians, was working over the newly started Georgian-Abkhazian conflict. Johar Dudaev tried to provide "mediation for the meeting of Shevardnadze and Mall, but Shevardnadze neglected the Dudaev's attempt for mediation and waived the meeting with Mall as there had been any guarantee in case of flying to Georgia by helicopter" (Jurgenson 2022:29).

And, later in autumn, in cooperation with the UNPO's delegation, the Vice-President of Chechnya Zelimkhan Yandarbiev visited Georgia and organized a meeting with the Georgian side. The UNPO's Delegation, together with representatives of the Government of Chechnya was also met by the refugee President Zviad Gamsakhurdia (Jurgenson 2022:5).

According to the same researcher Linart Mall had friendly relations with the leader of the Abkhazian separatists Vladislav Ardzinba (Jurgenson 2022:33). They got acquainted in Moscow, in the Institute of Eastern Disciplines of the Academy of Sciences of the USSR, where Mall was studying eastern religions, mainly budism and Ardzinba was investigating the Khati's culture for his dissertation.

Linart Mall actively supported Abkhazia in Estonia, as well as on the international forum. And later he called the Government of Estonia to recognize independence of Abkhazia, but the Parliament of Estonia did not discuss this initiative (Jurgenson 2022:31-32). After his death, his daughter, Maia Mall was appearing with the same messages supporting Abkhazia.

Besides, it is important for us to consider several facts connected with the Lord David Ennals. On the 9th of November, 1992, on the day next to the date of ending of the UNPO's Mission in Georgia, in the British Magazine 'Newcastle Journal" David Ennals gave an

interview according to which a publication titled “According to the former Minister Georgian troops are guilty in severity” was published (Georgian troops guilty 1992:10), where he strictly criticizes the Georgian side. In the article, the Lord Ennals, who returned to the Separatistic Region of Georgia from the trip lasting for one week, together with other foreign researchers, declared, that he was absolutely sure in the evidences of the local population that the Georgian troops committed murders, tortures, robbery and destroying of their property”. According to the same publication, Georgian soldiers “are hunting on the Abkhazian houses in the conflict zone, beating their owners and many of them had been kidnapped for the purpose of torturing and killing” (Georgian troops guilty 1992:10). The Lord’s David Ennal’s position regarding the crimes commited by Abkhazians, in the stated article, is represented only with one phrase stating that as a response on the actions of Georgians “Abkhazians, in their turn, had burnt Georgian houses, especially on the shore of the Black Sea” (Georgian troops guilty 1992: 10). He considers the prospect of settlement of the conflict very pessimistically. He sees, as one of the outcomes only a desire of both parties to involve the third party in negotiations (Georgian troops guilty 1992: 10).

In the same month the Minister of Foreign Affairs of Georgia Aleksandre Chikvaidze, with his delegation, had an official visit to the Great Britain (Georgian Delegation 1992:1). This visit for the country being in terms of the war and economic crisis was particularly significant. That time the Parties concluded four agreements on cooperation in different fields: education, science and culture, investments protection and stimulation agreement about free displacement which is connected with diplomats and agreement of the Ministries of Foreingn Affairs on cooperation and consultations (presentation in Chatham House 1992:3; Britain and Georgian agree 1992: 12). The visit included presentation of the Minister of Foreign Affairs of Georgia in the Institute of International Affairs of Britain” (Chatham House).

Appearing of the Georgian diplomat in the “Chatham House” had been protested by tens of persons. Aleksandre Chikvaidze states, that “within the hall, as well as outside oppositionally-affected persons were placed as well. Where I say outside, I mean a piquet consisting of 20-30 citizens who rather noisily expressed their protest in relation to the politics of the Government of Georgian in Abkhazia” (Public Speech in the Chatham House 1992:3).

According to the Minister of Foreign Affairs of Georgia, the protestants had vividly expressed “eastern appearance” and behaviour. With the account of the above-mentioned, he considered that they might take a part in the protest initiated by definite people. Moreover, two persons having negative attitude to the Georgian side – Lord David Ennals an the British Abkhasologist Bryan George Hiut had been in the hall. The stated persons in the Newspaper “The Times”, issued on the 21st of November, 1992, published a letter “Georgia applies the force”, where he recommended to the British Government not to receive Georgian diplomats, not to assist to Georgia, as, in their opinion, the Government of Georgia applied force against Abkhazians and was struggling against them (Georgia’s use force 1992:12).

Aleksandre Chikvaidze tried to defuse the situation with humor and noted that "I am very fond of classical music and music in general, I also play the piano myself, and although the noise coming from the street sounds more like cacophony than classical music, never mind, I will speak accompanied by it" (Speech at Chatham House 1992:30). During his speech, Aleksandre Chikvaidze touched upon the ongoing processes in Abkhazia, and spoke about the particular violence committed against the Georgian population by Abkhazians and their allies there, which had the character of genocide. As Brian George Hewitt writes, David Ennals asked the Georgian diplomat several sharp questions. Lord Ennals told Aleksandre Chikvaidze that he had been in Gagra just two weeks prior and had evidence of violence perpetrated by Georgians against Abkhazians. Aleksandre Chikvaidze replied that "due to the brutal actions of North Caucasians and Abkhazians, virtually every Georgian house from the Russian border to Sukhumi was burned down" (Speech at Chatham House 1992:3), to which Ennals replied that he had personally spoken to the Georgians living there and they remained in their homes. Mark Almond joined the discussion, who had observed the legislative body elections held on October 16, and the conversation shifted to other issues.

After the defeat of the Georgian side in Abkhazia, which was followed by the genocide and ethnic purification of Georgians, the expulsion of hundreds of thousands of citizens was also added. The mentioned organization has not made any statement regarding the genocide and violence. The Chairman of the Committee on Human Rights and Inter-Ethnic Relations, Aleksandre Kavsadze, published a letter addressed to the head of UNPO in the newspaper "Republic of Georgia" (Unsubmitted to the UN 1993: 1). Aleksandre Kavkasadze directly writes that the Abkhazian separatists, supported by the mentioned organization and personally by Praag, "whom you represent on the international arena, with the moral and military assistance of Russian reactionaries - former Vice-President Rutskoi and former Parliament Speaker Khasbulatov, occupied a divided territory of Georgia" (Unsubmitted to the UN 1993: 1). It is also noted that ethnic purification of Georgians and violations of the Geneva Convention are taking place in the occupied territory of Abkhazia, the Georgian population was forced to leave their homes, and all this has been documented by authoritative international organizations such as the UN, OSCE, etc. Considering all this, he calls on Praag to personally come to "see with your own eyes the anti-human nature of the regime you support" (Unsubmitted to the UN 1993: 1). Otherwise, it is noted, the impression will be created that UNPO supports and justifies not only separatism and the violation of internationally recognized borders, but also ethnic cleansing (Unsubmitted to the UN 1993: 1).

Conclusion

The Abkhazian War represents one of the most difficult and pivotal periods in Georgia's newest history, claiming the lives of thousands of our country's citizens and turning them into displaced persons. The state suffered immense material damage and, in fact,

lost control over the region. Various structures of the Russian Federation actively worked in different directions to portray the Georgian side as guilty in the conflict before the international community. The genocide and ethnic purification of Georgians in Abkhazia have been recognized by the United Nations, the Organization for Security and Co-operation in Europe, and other authoritative structures.

Against this backdrop, the conclusions prepared by the "Unrepresented Nations and Peoples Organization" appear biased and non-objective. British politician David Ennals, who recorded positions against the Georgian side and was a supporter of the Abkhazian side's positions in the Great Britain, also participated in the missions of the aforementioned organization.

In fact, the Georgian side has been portrayed as the instigator of the war and the main culprit. The Georgian government has been declared by them as an oppressor of the Abkhazian people and one desiring their deliberate destruction. The conclusions prepared by them are one-sided and are mainly based on information provided by representatives of the separatist authorities. Information provided as a result of surveying the Georgian population is almost nowhere mentioned or is given little consideration.

The presented thesis represents the first attempt to review the work of the observation mission in Georgia and the conclusions prepared by them.

The conclusions of the mentioned organization are actively cited by researchers being unfriendly towards the Georgian side, including the British Abkhazologist Brian George Hewitt. It is also published as a document confirming the "crimes" of Georgians on the propaganda website of the separatist government of Abkhazia. In the presented thesis, we attempted to identify the subjective and objective aspects of the conclusions prepared by the mentioned organization and explain them accordingly. Also included is an explanation of the subjective and unfriendly attitude of several members of the observation mission towards the Georgian side, which would most likely have a negative impact on the objectivity of the prepared conclusion.

References

1. Aleksidze 2008: Aleksidze Levan. “International Law Journal”. Ivane Javakhishvili Tbilisi State University. #1, 2008, pages 33-46.

2. UN Security Council’s resolution 906: UN Security Council resolution 906. (S/1994/343). https://www.abkhazia.gov.ge/laravel-filemanager/files/15. (the link last seen on 05.15.2025).

3. UN Security Council’s resolution 993; UN Security council’s resolution 993. https://www.abkhazia.gov.ge/laravel-filemanager/files/16. (the link last seen on 05.15.2025).

4. UN Organization’s resolution 763: http://unscr.com/en/resolutions/doc/763. (the link last seen on 05.15.2025).

5. UN Security Council’s resolution 876: Resolution 876 (1993**)**. Adopted by the Security Council at its 3295th meeting, on 19 October 1993. https://digital-library.un.org/record/174481?v=pdf. (the link last seen on 05.15.2025) p. 2-3.

6. Presentation in Chatham House 1992: Presentation in the Chatham House during the visit of the Georgian Delegation in Great Britain accompanied with applause. // Magazine “Young Iverians”, 5th of December, 1992, #79, p.3.

7. Unrepresented in UN Organization 1993: to the General Director of the UNPO Mr. Van Walt Van Praag. // Magazine “Republic of Georgia”, 21st of November, 1993, #250, p.1.

8. And tomorrow was the war 1998. And tomorrow was the war. Interview with the General Prosecutor of Georgia Anzor Baluashvili. // Magazine “Republic of Georgia”, 14th of July, 1998, #176, p.4.

9. Dogonadze 2002. Dogonadze Shota. Georgia: road from the international recognition – to international cooperation. Tbilisi “Science”, 2002.

10. Summarized document of the Moscow Meeting 2002: Regional conflicts in Georgia – Autonomous Region of the North Ossetia, Abkhazian ASSR (1989-2001), a collection of political-legal acts; Chief Editor of the collection Tamaz Diasamidze. Tbilisi, “Sani”, 2002.

11. Nadareishvili 1996: Nadareishvili Tamaz. Genocide in Abkhazia. Part 2. Tbilisi, 1996.

12. Newest History Central Archive, fund 767, vol. 1, case 111, page 15-17: Central Archive of the Newest History. Explanatory note: About the campaign against the prestige of the Government of Georgia abroad. ეიცა, Newest History Central Archive, fund 767, vol. 1, case 111, page 15-17.

13. Decree of the State Council of the Republic of Georgia 2000: the Abkhasian issue in the official documents: Georgian Legislative, Executive Government, International Organization. Part 1, 1989-1999 Tbilisi, 2000, Authors and Editors; Kolbaia Vakhtang, Gelantia Rafiel, Latsuzbaia Davit, Chakhrakia Teimuraz.

14. Decree of the State Council of the Republic of Georgia: Decree of the Presidium of the State Council of the Republic of Georgia about implementation of urgent rules on the railway transport. Regional conflicts in Georgia – Autonomous Region of the Southern Ossetia, Abkhazian ASSR (1989-2001), a collection of political-legal acts. Author and Chief Editor of the Collection Tamaz Diasamidze, Tbilisi, “Sani”, 2002.

15. Sanaia 1992: Sanaia Giorgia. Abkhazia: Battles are going on, a number of victims is increasing. Mag. // “7 days”, 4-10th of September, #31, 1992, p.3.

16. UN Organization’s mission arrived in Sokhumi 1992: Gaz. “Republic of Georgia”, 17th of September, 1992, #181, p.1.

17. Georgian Delegation 1992: Georgian Delegation arrived in London. // Gaz. “Republic of Georgia”, 21st of November, 1992, #240, p.1.

18. Kolbaia, Gelantia, Latsuzbakai, Chakhrakia 1999: Kolbaia Vakhtang, Gelantia Rafiel, Latsuzbaia Davit, Chakhrakia Teimuraz. Abkhazia’s labyrinth: Event developed in 1992-1993 and in the following period. Tbilisi. “Arkhati”, 1999.

19. Chervonaia 1994: Chervonaia, Svetlana. Abkhazia – 1992. Vendee of the Post-Communistic Georgia. Tbilisi, “GCI”, 1994.

20. Papaskiri 2007: Papaskiri Zurab. Articles about historical past of the contemporary Abkhazia.

Part II. 1917-1993. Tbilisi: "Ivane Javakhishvili's TSU's Sokhumi Branch Publishing House", 2007.

21. Geneva Convention on dealing with army prisoners dated by the 12th of August of 1949. https://shsplatforma.com/wp-content/uploads/2016/05/e1839fe18394e1839ce18394e18395e18398e183a1-1949-e183ace1839ae18398e183a1-12-e18390e18392e18395e18398e183a1e183a2e1839de183a1-iii-e183991.pdf (the link was last seen on 05.15.2025)

22. Karkarashvili 2025: Karkarashvili, Gia. Without the native land 1989-1992. Tbilisi, 2025.

23. Jojua 2009: Jojua Dazmir. Abkhazia in 1938-2006s: aspects of the regional historical process, Tbilisi, 2009.

24. Britain and Georgia agree 1992: Britain and Georgia agree to closer ties. // Gaz. The Times", November 24th , 1992, p. 12.

25. Georgian troops guilty 1992: Georgian troops guilty of atrocities says ex-minister. Gaz.// "Newcastle Journal", November 9th, 1992. p. 10.

26. Georgia's use force 1992: Georgia's use force. //Gaz. "The Times", November 24th, 1992, p. 12 b.

27. Overeem 1993: Report of a UNPO Mission to Abkhazia, Georgia and the Northern Caucasus. "Central Asian Survey", 1993, 12(3). David Ennals, Margery Farrar, Alvaro Pinto Scholtbach, Linnart Mall, Michael van Walt van Praag, Charlotte Hille. p. 325-345. https://www.tandfonline.com/toc/ccas20/12/3 (the link last seen on 05.15.2025).

28. Overeem 1995: Central Asian Survay 14(1), 1995. p. 127-154. Pauline Overeem. Report of a UNPO coordinated human rights mission to Abkhazia and Georgia: Central Asian Survey: Vol 14, No 1 (the link last seen on 05.15.2025)

29. OSCE-Summit of Heads of State or Government 1996: OSCE-Summit of Heads of State or Government. Lisbon, 2-3 December 1996. https://www.osce.org/mc/39539?download=true. (the link last seen on 05.15.2025

30. MEMBER PROFILE OF ABKHAZIA: Ministry of Foreign Affairs of the Republick of Abkhazia. https://unpo.org/members/7854 (the link last seen on 05.15.2025).

Report of a UNPO Coordinated Human Rights Mission to Abkhazia and Georgia. David Ennals, Margery Farrar, Alvaro Pinto Scholtbach, Linnart Mall, Michael van Waltvan Praag, Charlotte Hille https://unpo.org/downloads/Abkhazia_Georgia_report_1992.pdf. P. 21.

(the link last seen on 05.15.2025)

31. Report of a UNPO Mission to Abkhazia, Georgia and the Northern Caucasus. "Central Asian Survey", 1993, 12(3). Ennals David , Margery Farrar, Alvaro Pinto Scholtbach, Linnart Mall, Michael van Waltvan Praag, Charlotte Hille. p. 325-345. https://www.tandfonline.com/toc/ccas20/12/3 (the link last seen on 05.15.2025).

32. Report of a UNPO Coordinated Human Rights Mission to Abkhazia and Georgia. Ennals David Margery Farrar, Alvaro Pinto Scholtbach, Linnart Mall, Michael van Waltvan Praag, Charlotte Hille. https://unpo.org/downloads/Abkhazia_Georgia_report_1992.pdf

(the link last seen on 05.15.2025).

33. Jürgenson 2022: Estonian Orientalist Linnart Mäll and His Role in Activities of the UNPO During the Georgian-Abkhazian Conflict. Aivar Jürgenson . ABKHAZIA 1992-2022: Reflections on Abkhazia Series. Editors Metin Sönmez and George Hewitt. გვ. 27-37. 2022.

34. Fifth OSCE Summit... 1996: Fifth OSCE Summit of Heads of State or Government, Lisbon, 2-3 December 1996.. https://www.osce.org/files/f/documents/1/0/39539.pdf. (the link last-seen on 05.15.2025).

35. Ардзинба 2018: Ардзинба Владислав. МОЯ ЖИЗНЬ. Основание первого президента Республики Абхазия. Сухум – 2018.

36. https://unpo.org/about/ (the link last-seen on 05.15.2025).

37. https://unpo.org/section/2 (the link last-seen on 05.15.2025).

JURISPRUDENCE

CONSTITUTIONAL COMPETENCIES OF THE PRESIDENT IN THE REPUBLIC OF KOSOVO IN RELATION TO THE JUSTICE SYSTEM

Driola Susuri
Assistant Professor, Faculty of Law
University "Ukshin Hoti" Prizren, Republic of Kosovo
ORCID: 0009-0006-0082-5207
Simeana Beshi
Part time Lecturer, Faculty of Law
University "Ukshin Hoti" Prizren, Republic of Kosovo
ORCID: 0000-0003-2307-6609
DOI: 10.5281/zenodo.18312641

Abstract

This scientific paper will analyze the constitutional powers of the President of the Republic of Kosovo with justice system, in terms of appointing and dismissing judges and prosecutors, rejecting proposals from the Kosovo Judicial or Prosecutorial Council for the appointment of judges or prosecutors, the President's power to grant pardons, the latter being elaborated on through statistics on how many convicted persons have been pardoned by several Presidents during their mandates.

The methodology applied consists of the, descriptive method, legal analytical method and comparative method.

From the research it results that the President of the Republic of Kosovo is a representative of the unity of the people and at the same time a guarantor for the democratic functioning of the institutions in the state, including the justice system.

Keywords: Judges, prosecutors, pardon, President, justice system.

1. Introduction

The principle of separation and checks and balances between powers constitutes the foundation on which the constitutional system of the Republic of Kosovo is based. Within the framework of the separation of powers, according to the Constitution, the President of the Republic of Kosovo is attributed with representing the unity of the people, representing the country internally and externally, as well as guaranteeing the democratic functioning of the institutions of the Republic of Kosovo. The justice system is considered an integral part of all constitutions and as such has a place in the Constitution of the Republic of Kosovo. A separate chapter of the constitution includes not only the judiciary, but also the Prosecution and the Bar.

Relations with the judiciary are traditionally permanent relations of the Head of State in any form of regime. Depending on the different systems of government, the powers of the head of state with the judiciary also vary. In Kosovo, Article 84 of the Constitution of the Republic of Kosovo lists presidential powers which can be grouped into three categories: personal, interdependent and ceremonial powers. The paper will address some of the President's own and subordinate constitutional powers in Kosovo, such as the appointment or dismissal of judges and prosecutors, refusal to appoint judges and prosecutors, and the proclamation of individual pardons (Constitution of the Republic of Kosovo, 2008).

2. The appointment and dismissal of judges and prosecutors from the President of the Republic of Kosovo

Courts are constitutional categories. And of course, when it comes to the organization of the judiciary, both at the constitutional and legal levels, in most democratic countries a collegial body is foreseen, which deals with the appointments, transfers, career, education or qualification, discipline of judges and in some countries, also that of prosecutors. For this purpose, the constitution has conceived the Judicial Council as a completely independent body, which ensures the independence and impartiality of the judicial system (Panda, 2010, p. 88). The Constitution of Kosovo provides for a hybrid system of appointment and dismissal of judges where these powers are divided between the President and the Judicial Council (Morina, 2012, p. 140). It is clearly seen that this competence of the president is a dependent competence, since the appointment of the President of the Supreme Court and other judges depends on the proposal made by the Judicial Council.

In the Republic of Kosovo, the constitution only stipulates the appointment and dismissal of the President of the Supreme Court, while the appointment and dismissal of the Presidents of Basic Courts, supervisory judges, and the President of the Court of Appeal is stipulated by article 7 of the Law on the Judicial Council (Law No. 06/L-055 on Kosovo Judical Council, 2018). As can be seen, the body and procedure for electing court presidents is the same, only the level of the legal basis for determining their election changes (Bajrami, 2011, p. 318). The Constitution does not specify whether the President may reject the proposals made by the Judicial Council for the appointment or reappointment of judges. However, this issue is regulated by the Law on the Kosovo Judicial

Council, which has provided for the right of the President to reject the appointment or reappointment of a candidate proposed by the Kosovo Judicial Council. Regarding the rejection made, the President is obliged to provide the reasons that influenced making such a decision, which he presents to the Judicial Council based on article 22 (Law No. 06/L-055 on Kosovo Judical Council, 2018). Through this legal restriction, the president, in addition to the right to appoint, also has the right to reject the proposals made for the first time by the Judicial Council for any candidate.

In addition to the appointment and dismissal of judges, the Constitution of the Republic of Kosovo also regulates the appointment and dismissal of prosecutors. In the case of prosecutors, the appointment procedure is similar to that of judges. Upon the proposal of the Prosecutorial Council, the President appoints and dismisses the Chief State Prosecutor and prosecutors of other levels (Constitution of the Republic of Kosovo, 2008). Therefore, here too a hybrid system of appointment and dismissal of prosecutors is envisaged, where the powers are divided between the Prosecutorial Council and the President. Furthermore, the appointment and dismissal process is regulated by the Law on the Kosovo Prosecutorial Council and the Law on the State Prosecution, the latter with its content regulating the organization, powers and duties of the State Prosecutor and at the same time defining the State Prosecutors throughout the territory of the state and their powers. In this sense, the constitution has determined that the composition of the prosecutorial council as well as the rules for the appointment and dismissal, mandate and organizational structure of the State Prosecutor are determined by law (Hasani, E & Cukalovic I., 2013, p. 551), unlike the judicial system where the above issues are sanctioned by the constitution.

The Law on the Prosecutorial Council regulates the right of the President to reject candidates proposed for prosecutors, similarly to candidates proposed for judges.

Furthermore, Article 7 of the Law on the Judicial Council and the Law on the Prosecutorial Council oblige these two councils to report to the President on their work, which reporting has only an informative character (Law No. 06/L-055 on Kosovo Judical Council, 2018); (Law No. 06/L-056 on Kosovo Prosecutorial Council, 2019). Through this reporting by these councils, the role that the President of the Republic of Kosovo has in the administration of justice is highlighted.

3. The competence of the President of the Republic of Kosovo to declare individual pardons

Like many constitutions of different countries, the Constitution of the Republic of Kosovo has also guaranteed the President the right to declare a pardon (Constitution of the Republic of Kosovo, 2008). This pardon, based on the constitutional provision, is made by the President of the state by intervening in the acts of the judiciary and avoiding further suffering of the individual who has committed a criminal offense and has been sentenced with a final judgment (Ismaili, 2012, p. 88). A pardon is a right of the president that aims to use an irregular and rare means to reward exceptional behavior and character or to address exceptional humanitarian concerns. A pardon offers the convicted person immediate rehabilitation.

As mentioned above, the Constitution has not limited the pardon. However, Law No. 03/L-101 on Pardon has imposed restrictions, thus defining the categories of persons convicted of certain criminal offenses who are exempt from pardon. This Law on the article 2 defines pardon as “the extraordinary executive power of the President to pardon persons convicted of a criminal offense, releasing them from the punishment determined by the court” (Law No. 03/L-101 on Pardon). As such, it should fall within the executive powers of the President, since the exercise of this power is the sole prerogative of the President and depends on his discretion.

President Hashim Thaqi[2] from 2016 to 2019 has decreed the pardon of a total of fifty (50) convicted persons (Decree of pardon, “Decree no.: DF-01/2017, Df-02/2017, DF-01-2018, DF-02-2018, DF-03-2018, DF-66/2019, DF-112/2019, DF-148/2019.).

President Atifete Jahjaga[3] on the fourth anniversary of Kosovo’s independence, precisely in 2012, had decreed the pardon of fifteen (15) convicted persons (Decree of pardon, “Decree no.: DF-002-2012”, 2012), in 2013 she had decreed the pardon of four (4) convicted persons (Decree of pardon, “Decree no.: DF-001-2013”, 2013) and in 2014 she decreed the pardon of two (2) convicted persons (Decree of pardon, "Decree no.: DF-001-2014”, 2014). While in 2015 she did not decree the pardon of any convicted person. This finding was given based on the Official Gazette, where in 2015 we did not publish any decree on the pardon of convicted persons, knowing that a copy of the presidential decree on the pardon of convicted persons, in addition to the Ministry of Justice and the persons pardoned by that decree, must be submitted to and published in the Official Gazette of the Republic of Kosovo.

If we compare the number of pardons decreed by President Jahjaga during her five-year mandate with her predecessors, specifically former President Fatmir Sejdiu and Acting President Jakup Krasniqi[4] and her successor Mr. Hashim Thaqi, it turns out that the total number of pardons is twenty-one, a very small number in relation to the pardons decreed by former President Sejdiu[5] after the declaration of independence during his two-year mandate in power, where he decreed the pardon of a total of one hundred and twenty-four (124) convicted persons (Decree of pardon “Decree no.: DF-002-2009” & “Decree no.: DF-001-2010”, 2009 & 2010), while in this respect the acting president Jakup Krasniqi leads, who during the time he exercised this function in 2011 had decreed the pardon of one hundred and three (103) convicted persons (Decree of pardon, “Decree no.: DF-001-2011”, 2011). From this it results that President Fatmir Sejdiu, although he had not held a full constitutional mandate, had managed to decree

[2] He was President during the period 2016-2020.
[3] She was President during the period 2011-2016.
[4] He was Acting President during the period 2010-2011.
[5] He was President during the period 2008-2010.

the pardon of an extremely large number of convicts, the same had been done by the acting President Jakup Krasniqi who had decreed the pardon of almost the same number of convicts as the former President Sejdiu had decreed for two consecutive years. While President Jahjaga does not stand out in this aspect, although she had held a full constitutional mandate, in fact based on the above statistics she ranked behind her predecessors and successors in terms of decreeing the pardon of convicts. This is because for the same period that the current President Mr. Hashim Thaqi, who has decreed the pardon of fifty (50) convicts, is in power, the President had decreed only twenty-one (21) convicts.

In conclusion, it should be emphasized that the real challenge of the institutions of the Republic of Kosovo, specifically of the people who administer justice or manage the judicial power, is to stand firmly on democratic principles, preceded first and foremost by moral and human ones. While the challenge of political forces is to guard against temptation, to have good will and foresight, so as not to undermine the separation of powers and the independence of the judiciary (Panda, 2010, p. 91). As a result, the proper administration of justice by the President of the Republic of Kosovo results in positive consequences that consist in the guarantee of the rule of law in the state of Kosovo.

Conclusion

From the scientific research conducted regarding the relationship of the President of the Republic of Kosovo with the judiciary, we conclude that:

The state of Kosovo is a parliamentary republic based on the principle of separation of state powers and balanced control between them.

The justice system is considered an integral part of all constitutions and as such has a place in the Constitution of the Republic of Kosovo. A separate chapter of the constitution includes not only the judiciary, but also the Prosecution and the Bar.

The Constitution of the Republic of Kosovo should be amended to address the President's powers to refuse to appoint judges and prosecutors.

From the legal definition of the President's power to pardon convicted persons, it results that it is an executive power.

The exercise of the power to pardon convicted persons by the President affects the aspect of resocialization and re-education of convicted persons.

References

1. Bajrami, A. (2011). Constitutional system of the Republic of Kosovo. Prishtina. [Published in Albanian]

2. Constitution of the Republic of Kosovo. (2008). Republic of Kosovo. Retrieved August 2025, from https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=3702

3. Decree of pardon, “Decree no.: DF-002-2009” & “Decree no.: DF-001-2010”. (2009 & 2010). [Published in Albanian]

4. Decree of pardon, “Decree no.: DF-001-2011”. (2011, February 14). [Published in Albanian]

5. Decree of pardon, “Decree no.: DF-001-2013”. (2013, February 15). Prishtina. [Published in Albanian]

6. Decree of pardon, “Decree no.: DF-002-2012”. (2012, February 16). Prishtina. [Published in Albanian]

7. Decree of pardon, “Decree no.: DF-01/2017, Df-02/2017, DF-01-2018, DF-02-2018, DF-03-2018, DF-66/2019, DF-112/2019, DF-148/2019. [Published in Albanian]

8. Decree of pardon, "Decree no.: DF-001-2014”. (2014, February 17). Prishtina. [Published in Albanian]

9. Hasani, E & Cukalovic I. (2013). Constitution of the Republic of Kosovo - Commentary. Prishtina. [Published in Albanian]

10. Ismaili, O. (2012). Autorizimet e presidentit gjatë ushtrimit të funksionit. Constitutio 1/2012. [Published in Albanian]

11. Law No. 03/L-101 on Pardon. (2009).

12. Law No. 06/L-055 on Kosovo Judical Council. (2018). Republic of Kosovo. Retrieved August 2024, from https://gzk.rks-gov.net/ActDetail.aspx?ActID=18335

13. Law No. 06/L-056 on Kosovo Prosecutorial Council. (2019). Republic of Kosovo. Retrieved August 2025, from https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=18920

14. Morina, V. (2012). The role of the president in appointing senior state officials. Constitutio 1/2012. [Published in Albanian]

15. Panda, I. (2010). Judicial organization according to the Constitution of the Republic of Kosovo. Gjeopolitika. [Published in Albanian]

PATIENT'S RIGHT TO QUALITY MEDICAL CARE: NATIONAL AND EUROPEAN STANDARDS

Nato Tchitanava
Doctoral student in Law,
Grigol Robakidze University, Georgia
DOI: 10.5281/zenodo.18312734

Abstract

This article aims to conduct a doctrinal-normative analysis of the patient's right to quality medical care as an independent right category in the context of the Georgian legal system and European/international standards. The study is based on a comparative approach and includes the legal framework of the European Union (including Directive 2011/24/EU, Council Conclusions 2006/C 146/01, Commission Communication 2008 on patient safety), Recommendation Rec(2006)7 of the Committee of Ministers of the Council of Europe, WHO, OECD and ISO/EN standards (ISO 9001, ISO 15189, EN 17398:2020), as well as the relevant case law of the European Court of Human Rights. The analysis of the above sources shows that in the modern European space, "quality medical care" is perceived as a positive obligation of the state, which requires not only professional ethics and clinical standards of medical personnel, but also systemic transparency, risk-based supervision, and real involvement of patients.

A comparative analysis of local and international standards reveals that the Georgian normative framework largely agrees with the basic principles that link quality medical care with patient safety, accessibility, and equality. In this regard, the Georgian legal framework reflects the minimum requirements that are defined in international standards for ensuring patient-centered, safe, and quality medical care.

The study points to several critical areas: the absence of a definition of "quality" as a legal category; insufficient institutionalization of a unified national strategy and indicators for quality and safety; fragmentation of mechanisms for reporting and analyzing adverse medical events; and weak normative integration of patient engagement standards. The above challenges are not formulated as systemic criticism, but rather reflect areas where convergence with European standards and legal/institutional strengthening are necessary for the real implementation of the fundamental human right to health care.

The conclusion proposes recommendations aimed at further strengthening quality medical care as a constitutionally protected and harmonized patient right in line with European standards: strengthening quality and safety policies, strengthened implementation of normative standards for patient engagement, strengthening mechanisms for state supervision, systematic monitoring and accountability, consistent and systematic approach to ISO/EN standards, which ensures not only formal compliance, but also practical implementation of quality management mechanisms.

Keywords: patient rights, quality, medical care, patient safety, state supervision.

Introduction

The legal framework of Georgia - the Constitution and the laws "On Health Care", "On Patient Rights", "On Public Health", and "On Medical Activity" - establishes the patient's right to safe and quality medical care as a legal standard ensured by the state's obligation. The mentioned norms determine the main directions of state policy in the systematic organization of quality assurance and monitoring of medical services, including in coordination with professional responsibility and pharmaceutical safety management.

The legislative provisions include equal access to the patient, information, and freedom of choice, informed consent, and confidentiality protection, which are established as important elements of ensuring patient autonomy. At the same time, the Law "On Medical Activity" creates an institutional model of professional competence and quality management, which is based on certification and state supervision. The Law on Public Health links the quality of individual medical care with state policy in the areas of disease prevention, risk management, and ensuring a safe environment for health, which gives healthcare policy a structural and societal dimension.

The Georgian legal framework does not contain a legal definition of "quality", which creates a problem of normative clarity and transparency: quality is derived from various norms, but is not formulated as a single, binding legal standard. Against the background of problems of normative clarity and transparency, empirical evidence is particularly important, showing that quality is not only a category of clinical outcomes: an international study (12 European countries and the USA) confirmed that patient safety and the assessment of service quality are significantly related to the organizational environment, personnel resources, and governance effectiveness. Accordingly, it is advisable to develop a standardized legal definition of quality medical care, which defines the content of patient rights as a multidimensional category and includes safety, effectiveness, patient-centeredness, and equality.[6]

The EU Patients' Rights Directive is a concept of quality and safe healthcare, in which quality is considered not only as an integral part of medical outcomes, but also as an integral part of patient awareness, freedom of choice, professional responsibility, and transparency. The most innovative part of the directive is the "new patient rights", which include guarantees of

[6] Aiken, Linda H., *Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States*, BMJ 2012; 344 doi: https://doi.org/10.1136/bmj.e1717 https://www.bmj.com/content/344/bmj.e1717?utm_source (07.12.2025).

safety, quality, information, and effective complaint mechanisms. Although the EU cannot impose mandatory clinical standards in the Member States, it does define the responsibility of the states to inform patients about the applicable quality and safety requirements and imposes on them the obligation to cooperate in improving quality and safety. In the European context, the patient's right to quality care is considered a multidimensional legal principle that requires systematic transparency and effective state supervision.[7]

Quality healthcare is not just a matter of technical standards, but is a central element of patient rights protection. Quality includes six main criteria: safety, effectiveness, efficiency, patient-centeredness, timeliness, and equity. It is these standards that determine the actual implementation of patient rights. In EU documents, quality is considered a state obligation, the provision of which requires clear clinical standards, continuous monitoring of professional competence, and an effective safety policy.[8]

A comparative analysis of European practice also shows that the patient's right to quality and safe medical care is no longer just a matter of national regulation, but is a legal and political priority of the European Union. The European Commission's 2016 Mapping Exercise highlighted that quality treatment, patient safety, and information are perceived as fundamental patient rights in all Member States. Directive 2011/24/EU became the legal document that pushed states to introduce quality-oriented systemic standards, including ensuring treatment safety, professional responsibility, information, and freedom of choice.[9]

Patient engagement and the integration of patient experience into quality improvement processes are not only an ethical principle, but also a matter of legal and institutional governance. A multi-level study conducted in Norwegian hospitals revealed that, despite clear requirements for patient engagement in government policies and regulations, this right is often implemented in a fragmented manner, lacking standardized procedures, effective tools, and a clear allocation of responsibilities.[10] In this context, the study clearly demonstrates that quality healthcare cannot be considered solely in terms of clinical outcomes and requires a legally defined framework that ensures the institutionalization of patient engagement, strengthening organizational governance, and the practical implementation of positive state obligations.

The international literature increasingly emphasizes that patient safety and quality of medical care cannot be considered only in terms of individual clinical errors or professional behavior. As Vincent and Amalberti's fundamental research indicates, safety in modern healthcare is a systemic process of risk management that includes organizational structures, governance models, professional environments, and the patient's journey through the healthcare system.

The authors emphasize that quality medical care depends not only on the outcome of medical interventions, but also on how effectively the state and healthcare system manage to identify risks in advance, monitor them, and respond adaptively. Such an approach strengthens the multidimensional understanding of quality as a legal category and argues that the patient's right to safe and quality medical care requires not only declared norms, but also an institutionally strengthened and evidence-based governance framework.[11]

1. European standards of quality medical care

Directive 2011/24/EU – Patients' Rights in Cross-Border Healthcare - The European Union Directive 2011/24/EU of 9 March 2011 on the implementation of patients' rights in cross-border healthcare clearly establishes the patient's right to receive quality and safe healthcare. Article 4 of the Directive stipulates that the quality and safety of healthcare are not only components of professional ethics and administrative rules, but also the legal obligation of Member States to ensure equal access to treatment, mandatory quality and safety standards, supervision of healthcare providers, transparency of information, and effective complaint handling mechanisms. Article 5 further establishes the patient's right to receive comprehensive and reliable information on the quality and safety indicators of the clinic, which practically ensures informed patient choice.[12] This approach demonstrates that quality healthcare is a multidimensional and legally protected right in European law, and the state's role in ensuring the patient's interests is essential.

---

[7] Palm, Willy and Rita Baeten, The quality and safety paradox in the patients' rights Directive, *European Journal of Public Health*, 2011, https://academic.oup.com/eurpub/article/21/3/272/476369?utm_source=chatgpt.com&login=true (05.12.2025).

[8] Henriette D.C. Roscam Abbing, Patients' Right to Quality of Healthcare: How Satisfactory Are the European Union's Regulatory Policies?*European Journal of Health Law*, 2012, https://brill.com/view/journals/ejhl/19/5/article-p415_1.xml?language=en&srsltid=AfmBOorp-fTYWM6pXfhpHb0sqH5Fo47S0R46BbbktORbOxzo4quIVHGT&utm_source (04.12.2025).

[9] Directorate-General for Health and Food Safety (SANTE), *Patients' Rights in the European Union Mapping eXercise,* European Commission, https://health.ec.europa.eu/document/download/3e4c2006-1a5b-43bc-89d2-19b3ccc68e5d_en?filename=2018_mapping_patientsrights_exe_en.pdf&utm_source (04.12.2025).

[10] Wiig, Siri, Marianne Storm, Karina Aase, Martha Therese Gjestsen, Marit Solheim, Stig Harthug, Glenn Robert, and Naomi Fulop, *Investigating the use of patient involvement and patient experience in quality improvement in Norway: rhetoric or reality?* BMC Health Services Research, 2013, https://doi.org/10.1186/1472-6963-13-206 https://link.springer.com/article/10.1186/1472-6963-13-206?utm_source (07.12.2025).

[11] Vincent, Charles and René Amalberti, *Safer Healthcare: Strategies for the Real World,* Springer Open, 2016, https://link.springer.com/book/10.1007/978-3-319-25559-0 (07.12.2025).

[12] Directive 2011/24/EU of 9 March 2011 on the application of patients' rights in cross-border healthcare, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32011L0024&utm_source (03.12.2025).

Council Conclusions on Common Values and Principles in EU Health Systems (2006) - The 2006 Council Conclusions on Common Values and Principles in European Union Health Systems (2006/C 146/01) consider healthcare as one of the fundamental components of social protection and identify four core values: universality, equality, solidarity and quality healthcare. According to the document, quality and safety are common operating principles of all European health systems, requiring continuous professional development, clear national standards, good clinical governance systems and quality monitoring. Quality assurance is linked to patient safety, patient engagement, integrated governance, and transparency, which has made quality care a legally and politically protected principle in the European space.[13]

Commission Communication: Patient Safety and Healthcare-Associated Infections (2008) - The 2008 Commission Communication on Patient Safety, including the prevention and control of hospital-acquired infections (Commission Communication: Patient Safety and Healthcare-Associated Infections (2008)) is one of the most important policy foundations that has made quality healthcare a state obligation in European law. The Communication highlights that patient safety is a key component of high-quality healthcare systems and is a growing challenge across Europe, as studies indicate that 8–12% of inpatients experience avoidable harm. The document obliges member states to create national quality and safety strategies, develop large-scale surveillance, monitoring, and reporting/notification mechanisms for adverse medical events (adverse events), ensure patient information and involvement, and strengthen the training of health workers on safety standards. This approach of the European Commission clearly demonstrates that patient safety and quality are considered a positive obligation of the state, and quality service is a fundamental right of the patient.[14]

Rec(2006)7 - Recommendation of the Committee of Ministers to member states on management of patient safety and prevention of adverse events in health care - Recommendation of the Committee of Ministers of the Council of Europe Rec(2006)7 "On the management of patient safety and prevention of adverse events in health care" is an important normative basis for the patient's right to quality medical care. The preamble to the document states that access to safe medical care is a basic right of every citizen, and patient safety is the "fundamental philosophy" of quality improvement. The recommendation obliges member states to make patient safety the cornerstone of all relevant health policies, to create a policy framework based on a preventive, systemic approach, which includes the development of a safety culture, safe reporting systems for adverse medical events (patient-safety incidents, adverse events), mechanisms oriented towards their analysis and learning, indicators and monitoring. Thus, the Council of Europe document considers quality medical care not only as a matter of professional ethics, but also as a positive obligation of the state, to ensure a structural, organizational and legal environment where the recognition, analysis and prevention of errors is a systemic obligation and not a matter of finding an individual "culprit".[15]

WHO, Global action on patient safety WHA72.6 (2019) - World Health Assembly Resolution WHA72.6 (2019) emphasizes that ensuring safe and high-quality health care requires a systemic approach, including risk assessment, the implementation of mechanisms for reporting and training adverse medical events, strengthening clinical management standards, improving the education and skills of health workers, and increasing patient engagement. Patient safety is inseparable from quality and is a cornerstone of the path towards universal health coverage.[16]

ISO 9001 – Quality Management System - ISO 9001 is an international quality management standard used in the health care system to standardize organizational processes and ensure effective management. Although its subject matter does not directly cover the substantive quality of clinical services, the standard creates an administrative and procedural framework that is necessary for the realization of the patient's right to safe and quality medical care. The main requirements of ISO 9001 are: standardization of procedures, identification and assessment of risks, clear allocation of responsibilities, documentation, monitoring, and continuous improvement. These requirements form the basis for governance, which determines the transparency and accountability of the functioning of medical institutions. That is why, in a number of European countries, ISO 9001 is used in the certification process of hospitals and other medical institutions as an auxiliary mechanism for safety and quality management, complementing the specific regulations on clinical standards and patient safety.[17]

ISO 15189 – Medical laboratories: Quality and competence - ISO 15189 is the highest international

[13] Council Conclusions on Common Values and Principles in European Union Health Systems, 2006/C 146/01, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52006XG0622(01) (03.12.2025).

[14] Communication from the Commission to the European Parliament and the Council on patient safety, including the prevention and control of healthcare-associated infections {COM(2008) 837 final} {SEC(2008) 3004} {SEC(2008) 3005} https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52008DC0836 (04.12.2025).

[15] Recommendation of the Committee of Ministers to member states on management of patient safety and prevention of adverse events in health care (Adopted by the Committee of Ministers on 24 May 2006 at the 965th meeting of the Ministers' Deputies) https://search.coe.int/cm#{%22CoEIdentifier%22:[%2209000016805ae8b5%22],%22sort%22:[%22CoEValidationDate%20Descending%22]} (03.12.2025).

[16] World Health Assembly, Global action on patient safety WHA72.6, 2019, https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R6-en.pdf (03.12.2025).

[17] ISO, *ISO 9001:2015 – Quality management systems – Requirements.* https://fisip.unpatti.ac.id/wp-content/uploads/2019/08/ISO-9001-2015.pdf (03.12.2025).

standard for the quality and competence of laboratory services, the requirements of which include both technical and organizational, and professional criteria. In European countries, ISO 15189 is used as a minimum requirement for the accreditation of medical laboratories. Its legal significance lies in the fact that the accuracy of laboratory tests is a guarantee of patient safety and the quality of diagnostics. The standard ensures the patient's right to reliable, accurate, and international standard-compliant medical information.[18]

The creation of a quality and safe health system is considered in modern European approaches as a legal and institutional obligation that imposes on the state the responsibility for systemic preparedness, continuity of service, and adaptation. According to the OECD, quality health care requires mechanisms that ensure continuity of service during crises, risk management, and stricter safety standards. Finally, according to the OECD position, "investing in sustainability ensures better access to health services, which promotes health, well-being and full social participation of people."[19] This approach clearly establishes the state's obligation to create a legal and institutional environment where quality, safety, continuity, and patient involvement are defined as fundamental rights standards.

The European Committee for Standardization (EC) has approved the "Patient involvement in healthcare – minimum requirements for person-centred care" (EN 17398:2020) as one of the important documents that defines the criteria for patient involvement in modern healthcare systems. The standard is based on the principle that high-quality and safe medical care directly depends on the patient's active participation, awareness, and involvement in the decision-making process. EN 17398:2020 requires transparency of communication, joint treatment planning, and support for quality improvement at both the organizational and clinical levels. EN 17398:2020 does not define quality as a separate technical standard, but its goal is to strengthen the culture of patient-centred healthcare and systematically improve service quality, establish minimum requirements for patient involvement, which is directly related to and enhances the quality of medical care. The standard considers quality as an expected outcome, and patient involvement as a mechanism for improving quality.[20]

EN 17398:2020 is based on the idea of patient involvement and person-centered care as a necessary condition for providing quality and safe medical services, although its content analysis shows that the document is characterized more as a normative-visionary framework than a clearly defined practical tool. Stjernswärd and Glasdam note that the standard is simultaneously based on a neoliberal, cost-effectiveness-oriented approach, a humanistic vision of patient autonomy, which creates a conceptual dualism and leaves the real mechanisms of its application unclear. The authors point out that the concepts used in the standard ("patient involvement", "partnership", "person-centred care") often remain at the declarative level, as the document does not take into account power imbalances, patient capabilities, structural barriers and contextual differences of different national systems.[21] As a result, EN 17398:2020 represents an important target direction for European healthcare, but its effectiveness largely depends on the extent to which each country, including Georgia, will be able to reflect the requirements of the standard in national legislation and establish it in practice.

A systematic review published in BMJ Open in 2024 confirms that patient involvement is not only an ethical obligation but also a standard embedded in the very foundation of quality healthcare. The study showed that mechanisms for patient and community participation are directly linked to increased healthcare safety, service efficiency, improved outcomes, and increased transparency of the system. This approach is shared by EN 17398:2020, which considers patient-centered care as a minimum requirement for quality assurance.[22] These European trends once again emphasize that patient participation in the treatment process and decision-making is a necessary prerequisite for ensuring quality service and is one of the key principles of modern European healthcare systems.

The German model - a multi-level system of legal quality assurance - the health care system considers the provision of quality medical services within a clear legal framework, which is reflected in the relevant provisions of the Social Code, which establishes quality and quality assurance as a single doctrine. The German approach is based on the principle that the patient's right to safe and high-quality medical care is not only a goal achieved as a result of professional standards, but also represents a positive obligation of the state. The aforementioned provisions establish that medical care must be "adequate, sufficient, necessary, and economically provided", which means that quality is a criterion defined by law. It includes not only the requirements of

[18] ISO, ISO 15189:2022 – Medical laboratories — Requirements for quality and competence, ISO website: https://www.iso.org/standard/76677.html (03.12.2025).

[19] OECD, *Health Policy Studies, Ready for the Next Crisis? Investing in Health System Resilience* https://www.oecd.org/content/dam/oecd/en/publications/reports/2023/02/ready-for-the-next-crisis-investing-in-health-system-resilience_a8424ec8/1e53cf80-en.pdf?utm_source (03.12.2025).

[20] CEN, *Patient involvement in health care – Minimum requirements for person-centred care*, 2020, EN 17398:2020 https://cdn.standards.iteh.ai/samples/65031/1e9f2d5b97314972a328489ca8651a73/SIST-EN-17398-2020.pdf?utm_source (03.12.2025).

[21] Stjernswärd, Sigrid and Stinne Glasdam, *The European Standard EN 17398:2020 on Patient Involvement in Health Care – a Fairclough-Inspired Critical Discourse Analysis,* https://pmc.ncbi.nlm.nih.gov/articles/PMC9014666/?utm_source (03.12.2025).

[22] Bergholtz, Jana., Axel Wolf, Vanessa Crine, Helena Cleeve, Maria-Jose Santana and Ida Björkman, *Patient and public involvement in healthcare: a systematic mapping review of systematic reviews – identification of current research and possible directions for future research,* BMJ Open, 2024. https://bmjopen.bmj.com/content/bmjopen/14/9/e083215.full.pdf?utm_source (04.12.2025).

clinical effectiveness, but also organizational and administrative components, which determine the legal framework for the functioning of the entire healthcare system.[23]

The legal framework obliges all relevant healthcare providers to implement a quality assurance system that includes standardization of procedures, regular assessment of medical outcomes, identification of clinical risks and development of a continuous improvement policy. In the dimension of patient rights, such regulation creates the most important guarantee: patient protection is based not only on professional ethics, but also on the legal regime that obliges the provider to constantly manage, control and improve the quality of services.[24]

In addition, the quality assurance model develops a unified concept that obliges healthcare providers to implement preventive, monitoring and evaluation measures. This approach includes structural, process and outcome-based quality indicators, thus quality is perceived not only as a component of clinical effectiveness, but also as a legal obligation that ensures the protection of patient interests and stricter systemic supervision.[25] That is why quality assurance in Germany is closely linked to risk-based supervision, which systematically analyzes adverse medical events and determines forms of preventive intervention.

The German quality assurance system defines a clear mechanism according to which a federal joint committee sets mandatory minimum standards for diagnostic and therapeutic services. These standards include both structural requirements (infrastructure, technology, personnel) and procedural and outcome indicators, which ensure a high level of service safety and quality throughout the country.[26] With this model, Germany creates a normative contract between the state, insurance funds and providers, which ensures the implementation of a uniform quality policy and transparency. In addition, hospitals are required to publish public quality reports, which strengthens informed patient choice and ensures accountability.

Thus, SGB V creates a legal system where quality assurance includes: mandatory regulation, process-based management, results-oriented evaluation, systematic supervision and legal protection of patient rights. The German experience provides a clear concept: quality medical care is a legal category, the protection of which is distributed between the state, health providers and professional institutions, but is the result of clearly defined obligations.

The German quality assurance system is based on a data-driven, legally binding and institutionally centralized mechanism that ensures the safety of healthcare services and the continuous monitoring of quality. The 2023 Federal Quality Report prepared by IQTIG shows that quality is not only considered at the outcome level, but also includes process and structural components, such as internal infection prevention standards, internal hygiene management policies, staff training and compliance checks. In addition, the report shows that quality assurance in Germany is implemented through mandatory quality indicators, which apply to both the inpatient and outpatient sectors in accordance with the procedure established by the Federal Joint Committee. These indicators are used not only for evaluation, but also as the basis for appropriate responses, including the initiation of explanatory and supervisory measures.[27] Thus, in German law, quality medical care is a legal category, the protection of which is ensured by the state through mandatory data collection and systematic control mechanisms, which strengthens the protection of patient rights and establishes the state's positive obligation to provide safe and standardized medical care.

International Court of Justice Case Law - According to the case law of the European Court of Human Rights, quality medical care is related not only to clinical or technical standards, but also to the effective organization of the health care system and access to judicial protection.

In the case of Társaság a Szabadságjogokért v. Hungary, the judgment of the European Court of Human Rights acquires particular significance in the context of the strengthened rights of patients to quality medical care, in particular in terms of access to information and systemic transparency. According to the Court, non-governmental organizations that are involved in public debates and perform the function of "social observers" are functionally equivalent to the media, on the basis of which the restriction of information of public interest to them may be assessed as a form of indirect censorship. The Court particularly emphasized that in cases where the requested information is already at the disposal of a state body and its provision does not require additional administrative resources, the State is under a positive obligation to refrain from artificially restricting information. The use of a "monopoly on information", as the Court noted, is contrary to the interests of a democratic society, since such barriers limit the possibility of informed discussion and weaken public control over the implementation of public policy. Although the case concerned the constitutional control of drug policy, the standard established by the Court directly applies to the healthcare sector, where transparency of quality and patient safety policies is an essential element not only of professional

[23] Sozialgesetzbuch V (SGB V) – Gesetzliche Krankenversicherung, § 70 https://www.gesetze-im-internet.de/sgb_5/ (04.12.2025).

[24] Sozialgesetzbuch V (SGB V) – Gesetzliche Krankenversicherung, § 135a https://www.gesetze-im-internet.de/sgb_5/ (04.12.2025).

[25] Sozialgesetzbuch V (SGB V) – Gesetzliche Krankenversicherung, § 136 https://www.gesetze-im-internet.de/sgb_5/ (04.12.2025).

[26] Sozialgesetzbuch V (SGB V) – Gesetzliche Krankenversicherung, § 137 https://www.gesetze-im-internet.de/sgb_5/ (04.12.2025).

[27] Institute for Quality Assurance and Transparency in Healthcare (IQTIG), Bundesqualitätsbericht 2023. QS-Verfahren: Vermeidung nosokomialer Infektionen – postoperative Wundinfektionen, Berlin, 2023, https://www.iqtig.de/downloads/berichte/bqb/aj2023/IQTIG_BQB_QS-WI_AJ2023_V01_2023-10-25.pdf?utm_source (15.12.2025).

ethics, but also of the protection of human rights. Evaluation of the performance of the healthcare system, prevention of medical errors, monitoring of quality indicators and data-based reforms are impossible if the academic community, non-governmental organizations and professional associations do not have access to relevant public information. Thus, Társaság a Szabadságjogokért v. Hungary confirms that the patient's right to quality healthcare is inseparable from freedom of information and the State's obligation is expressed not only in setting quality standards, but also in creating an environment in which critical, evidence-based evaluation of the healthcare system is accessible and protected.[28]

In the case of Donato Pepe v. Italy (2002), although the subject matter does not directly concern medical malpractice, the Court clearly indicates the State's obligation to ensure fair and timely procedures that enable citizens to effectively protect their health-related socio-legal rights. The Court found that the lengthy and protracted administrative-judicial process effectively undermined the individual's ability to receive timely social support based on their health status, which constituted a breach of the State's positive obligations. In this approach, the ECHR emphasizes that the right to health care and the right to quality care are closely linked to an effective legal environment, where delayed or ineffective procedures themselves constitute a violation of the right to protection.[29]

2. Georgian Legal Framework: Patient's Right to Quality Medical Care

Constitutional Basis

The Georgian constitutional legal framework considers the right to health care as one of the main obligations of the state, the essence of which includes not only formal access to medical services, but also the provision of affordable and quality medical and medical care to the patient. The Constitution imposes a positive obligation on the state to create an institutional environment where the activities of institutions operating in the field of health care are subject to appropriate supervision, and the quality of medical services is subject to necessary regulation and control. In addition, the constitutional provision includes state control over the production and circulation of pharmaceutical products, which is considered one of the important prerequisites for the safety and effectiveness of the health care system.[30]

Main Special Laws

The Law of Georgia "On Health Protection" establishes quality management mechanisms in the health sector and provides for the expansion of state control over the quality of both medical services and medicinal products and pharmaceutical activities. In addition, the Ministry supervises the activities of medical institutions, which include assessing and monitoring the quality of services. In addition, it develops and implements safety and quality standards for medical technologies and technical means, which in turn creates a clear administrative framework for protecting patient rights.[31]

The Law of Georgia "On Patient Rights" establishes the requirement that medical services must be provided in accordance with professional and service standards recognized in the country.[32] The "quality" of medical services is not formally defined, although its content is reflected in the fact that the patient should not simply have access to services, but at least be provided with a level of assistance that corresponds to the professional standards established and established in the country, modern medical achievements, and current regulations (Articles 5, 13). The law regulates in detail the patient's non-discriminatory environment (Article 6), the right to freely consult another doctor or medical institution for a "second opinion" (Article 7), and the right to choose and change medical personnel and institutions (Articles 8, 15), which in modern European approaches are considered an important guarantee of protecting the patient's interests and integral elements of quality service.[33]

In addition, the law provides powerful instruments of judicial protection of the patient, which is related to the actual implementation of quality and safe medical services. The law establishes that the patient or his legal representative has the right to apply to the court both for compensation for damage and for correction of systemic deficiencies (Article 10). The claim for compensation for damage includes compensation for property and non-property damage in cases where the violation is related to the restriction of the patient's rights, improper or erroneous medical action, deficiencies in the functioning of a medical institution, or improper performance of state supervision. In addition, the patient has the legal opportunity to demand the suspension or cancellation of the professional license of medical personnel when the violation indicates a substantial disregard for professional standards. The law grants the patient the right to demand changes in state medical and sanitary standards, which allows for individually identified problems to lead to systemic legal improvements

[28] **European Court of Human Rights, Társaság a Szabadságjogokért v. Hungary, Application no. 37374/05, Judgment of 14 April 2009.**https://hudoc.echr.coe.int/eng#{%22itemid%22:[%22001-92171%22]} (04.12.2025).

[28] *Donato Pepe v. Italy, no.* 51143/99, Judgment of 28 February 2002, European Court of Human Rights. https://hudoc.echr.coe.int/eng#{%22itemid%22:[%22001-64801%22]} (04.12.2025).

[29] *Donato Pepe v. Italy, no.* 51143/99, Judgment of 28 February 2002, European Court of Human Rights. https://hudoc.echr.coe.int/eng#{%22itemid%22:[%22001-64801%22]} (04.12.2025).

[30] Constitution of Georgia, Article 28. https://www.matsne.gov.ge/ka/document/view/30346?publication=36 (03.12.2025)

[31] Law of Georgia "On Health Protection", Articles 16 and 67. https://www.matsne.gov.ge/document/view/29980?publication=62 (03.12.2025)

[32] Law of Georgia "On Patient Rights", Articles 1, 3 and 5. https://www.matsne.gov.ge/document/view/16978?publication=16 (03.12.2025)

[33] Law of Georgia "On Patient Rights", Articles 5-8, 13 and 15. https://www.matsne.gov.ge/document/view/16978?publication=16 (04.12.2025)

and progressive development of mechanisms for regulating quality medical services (Article 10). Meanwhile, equally accessible medical services (Articles 11, 39, 45), special regulations for the protection of patients with rare diseases (Article 13), the principle of selection based solely on medical criteria in times of resource shortage (Article 14), high standards of patient information, informed consent and confidentiality of personal life (Articles 16–22, 27–30) establish legal mechanisms that ensure not only the safety of medical intervention, but also the real protection of patient autonomy and dignity. Thus, the law ensures equal and non-discriminatory access to medical services, patient awareness, freedom of choice, and the effectiveness of state supervision. It is the combination of these standards that creates real constitutional and administrative-legal protection of quality medical services.[34]

The Law of Georgia "On Public Health" develops state obligations in health care from individual services to the public level and strengthens the patient's right to quality medical care within a broad institutional framework. The purpose of the law emphasizes the strategic function of the state in disease prevention, ensuring a safe environment for health and promoting the health of the population, which includes not only medical care but also risk management and supporting a healthy lifestyle. A clear separation of competencies between the state and the ministry in the field of public health policy, monitoring, and sanitary-epidemiological supervision creates the necessary institutional framework that ensures the realization of the patient's right to health care not only through the quality of clinical care, but also through the availability of a safe environment, preventive measures and evidence-based risk management.[35]

The Law of Georgia "On Medical Practice" creates a legal framework for professional activity, which is based on a joint model of medical education, certification, ethical regulations and state supervision. The goal of the law is to create institutional conditions that ensure access to highly qualified and safe medical care for the population.[36] The main basis of medical activity is a state certificate, which is issued on the basis of an assessment of a doctor's theoretical knowledge and practical skills.[37] Strict administrative rules for its issuance, suspension and revocation ensure professional competence and protection of public trust, while monitoring suitability is considered a continuous professional obligation. The institutional model of supervision is based on a two-tier structure, where the Ministry and the Professional Development Council ensure monitoring of the quality of medical services and professional standards.[38] Control mechanisms include selective inspection, quality assessment, and a multi-tiered regime of professional responsibility, which together create a structural guarantee aimed at protecting patient safety and maintaining professional standards.

"On the Establishment of the Professional Development Council under the Ministry of IDPs from the Occupied Territories, Labor, Health and Social Protection of Georgia and Approval of its Regulations" By Order No. 01-9/n of the Minister of IDPs from the Occupied Territories, Labor, Health and Social Protection of Georgia of August 15, 2018, the current model of the Professional Development Council was established as the central institution for managing the professional competence of doctors and the quality of medical services. The Council's regulations establish a framework for organizing postgraduate education, certification, continuing medical education, and professional development processes, for accreditation of programs and institutions, for conducting and evaluating unified state certification exams, as well as for reviewing applications and complaints related to the activities of medical personnel and determining measures of professional responsibility.[39] Thus, the Professional Development Council functions as an important administrative-legal mechanism through which the patient's right to safe and quality medical care is strengthened not only at the normative but also at the institutional level.

Conclusion

The analysis presented in the article confirms that the patient's right to quality medical care is considered in modern European law as an independent, multidimensional right category, which combines the standards of safety, accessibility, equality, patient-centeredness and systemic transparency. European documents - directives, Council conclusions and patient safety policies - reflect quality as a positive obligation of the state, the realization of which requires normative clarity, effective supervision and institutionalization of patient involvement.

Georgian legislation perceives the patient's right to safe and quality medical care as a right standard provided by the state, defining equal access, informed choice, confidentiality and professional responsibility. The Professional Development Council, licensing and certification system create an institutional core that ensures this right at the administrative level.

In addition, the study reveals several systemic problems: first, "quality" is not defined as an independent legal category, which reduces legal predictability

[34] Law of Georgia "On Patient Rights", Articles 10, 11 and 14. https://www.matsne.gov.ge/document/view/16978?publication=16 (04.12.2025)

[35] Law of Georgia "On Public Health", Articles 1, 31 and 32. https://www.matsne.gov.ge/document/view/21784?publication=45 (05.12.2025)

[36] Law of Georgia "On Medical Activity", Articles 1 and 6. https://www.matsne.gov.ge/document/view/15334?publication=33 (04.12.2025)

[37] Law of Georgia "On Medical Activities", Articles 18, 27, 76 and 79. https://www.matsne.gov.ge/document/view/15334?publication=33 (04.12.2025)

[38] Law of Georgia "On Medical Activity", Articles 66 and 74. https://www.matsne.gov.ge/document/view/15334?publication=33 (04.12.2025)

[39] "On the Establishment of the Professional Development Council under the Ministry of Labor, Health and Social Protection of Georgia and Approval of its Statute" Order No. 01-9/n of the Minister of Labor, Health and Social Protection of Georgia of August 15, 2018, Articles 2, 4 and 5. https://www.matsne.gov.ge/ka/document/view/4296069?publication=8 (04.12.2025)

and transparency of standards. second, a unified quality and safety strategy, indicators and data-based supervision are not fully institutionalized. third, patient engagement mechanisms are normatively declared, but in practice they are weak.

In order to achieve consistent and conceptually balanced approximation to international standards, it is advisable for Georgia at the level of recommendations:

- Development of a legal definition of quality healthcare in the legal system, which ensures the real implementation of patient rights and includes the main standards of safety, effectiveness, patient-centeredness and equity.
- Strengthening the national quality and patient safety strategy with clear objectives, indicators and mechanisms, taking into account international empirical studies that confirm the significant dependence of quality and safety on the professional environment and organizational governance.
- Strengthening normative and practical standards of patient awareness and involvement, which ensures their active participation in medical practice and decision-making;
- Institutional and functional strengthening of the Professional Development Council, which ensures the continuous development of quality and safety policies and the improvement of professional training standards for medical personnel.
- Approximating the content of continuing medical education programs to ISO/EN standards, which will strengthen the implementation of international medical standards and obligations in the field of medical education.

Overall, Georgia's normative framework already includes the basic principles that link quality healthcare to the fundamental right to health care. However, existing regulations largely reflect declared obligations and do little to ensure their practical, structural and procedural implementation.

The next stage requires the legal, institutional and administrative expansion of quality and safety, where the patient's right is perceived not only as a documented value, but also as a clearly defined and legally protected standard that actually shapes medical practice.

References

1. Law of Georgia "On Patient's Rights". https://www.matsne.gov.ge/document/view/16978?publication=16 (04.12.2025)
2. Constitution of Georgia https://www.matsne.gov.ge/ka/document/view/30346?publication=36 (03.12.2025)
3. Law of Georgia "On Medical Activity". https://www.matsne.gov.ge/document/view/15334?publication=33 (04.12.2025)
4. Law of Georgia "On Public Health". https://www.matsne.gov.ge/document/view/21784?publication=45 (05.12.2025)
5. "On the Establishment of the Professional Development Council under the Ministry of Labor, Health and Social Protection of Georgia and Approval of its Statute" Order No. 01-9/n of the Minister of Labor, Health and Social Protection of Georgia of August 15, 2018. https://www.matsne.gov.ge/ka/document/view/4296069?publication=8 (04.12.2025)
6. Law of Georgia "On Health Protection". https://www.matsne.gov.ge/document/view/29980?publication=62 (03.12.2025)
7. Aiken, Linda H., *Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States*, BMJ 2012; 344 doi: https://doi.org/10.1136/bmj.e1717 https://www.bmj.com/content/344/bmj.e1717?utm_source (07.12.2025).
8. Bergholtz, Jana., Axel Wolf, Vanessa Crine, Helena Cleeve, Maria-Jose Santana and Ida Björkman, *Patient and public involvement in healthcare: a systematic mapping review of systematic reviews – identification of current research and possible directions for future research,* BMJ Open, 2024. https://bmjopen.bmj.com/content/bmjopen/14/9/e083215.full.pdf?utm_source (04.12.2025).
9. CEN, *Patient involvement in health care – Minimum requirements for person-centred care*, 2020, EN 17398:2020 https://cdn.standards.iteh.ai/samples/65031/1e9f2d5b97314972a328489ca8651a73/SIST-EN-17398-2020.pdf?utm_source (03.12.2025).
10. Communication from the Commission to the European Parliament and the Council on patient safety, including the prevention and control of healthcare-associated infections {COM(2008) 837 final} {SEC(2008) 3004} {SEC(2008) 3005} https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52008DC0836 (04.12.2025).
11. Council Conclusions on Common Values and Principles in European Union Health Systems, 2006/C 146/01, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52006XG0622(01) (03.12.2025).
12. Directive 2011/24/EU of 9 March 2011 on the application of patients' rights in cross-border healthcare, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32011L0024&utm_source (03.12.2025).
13. Directorate-General for Health and Food Safety (SANTE), *Patients' Rights in the European Union Mapping eXercise,* European Commission, https://health.ec.europa.eu/document/download/3e4c2006-1a5b-43bc-89d2-19b3ccc68e5d_en?filename=2018_mapping_patientsrights_exe_en.pdf&utm_source (04.12.2025).
14. *Donato Pepe v. Italy, no.* 51143/99, Judgment of 28 February 2002, European Court of Human Rights. https://hudoc.echr.coe.int/eng#{%22itemid%22:[%22001-64801%22]} (04.12.2025).
15. European Court of Human Rights, Társaság a Szabadságjogokért v. Hungary, Application no. 37374/05, Judgment of 14 April 2009.https://hudoc.echr.coe.int/eng#{%22itemid%22:[%22001-92171%22]} (04.12.2025).

16. Henriette D.C. Roscam Abbing, Patients' Right to Quality of Healthcare: How Satisfactory Are the European Union's Regulatory Policies?*European Journal of Health Law*, 2012, https://brill.com/view/journals/ejhl/19/5/article-p415_1.xml?language=en&srsltid=AfmBOorp-fTYWM6pXfhpHb0sqH5Fo47S0R46BbbktORbOxzo4quIVHGT&utm_source (04.12.2025).

17. ISO, ISO 15189:2022 – Medical laboratories — Requirements for quality and competence, ISO website: https://www.iso.org/standard/76677.html (03.12.2025).

18. ISO, *ISO 9001:2015 – Quality management systems – Requirements.* https://fisip.unpatti.ac.id/wp-content/uploads/2019/08/ISO-9001-2015.pdf (03.12.2025).

19. Institute for Quality Assurance and Transparency in Healthcare (IQTIG), Bundesqualitätsbericht 2023. QS-Verfahren: Vermeidung nosokomialer Infektionen – postoperative Wundinfektionen, Berlin, 2023, https://www.iqtig.de/downloads/berichte/bqb/aj2023/IQTIG_BQB_QS-WI_AJ2023_V01_2023-10-25.pdf?utm_source (15.12.2025).

20. OECD, *Health Policy Studies, Ready for the Next Crisis? Investing in Health System Resilience* https://www.oecd.org/content/dam/oecd/en/publications/reports/2023/02/ready-for-the-next-crisis-investing-in-health-system-resilience_a8424ec8/1e53cf80-en.pdf?utm_source (03.12.2025).

21. Palm, Willy and Rita Baeten, The quality and safety paradox in the patients' rights Directive, *European Journal of Public Health*, 2011, https://academic.oup.com/eurpub/article/21/3/272/476369?utm_source=chatgpt.com&login=true (05.12.2025).

22. Recommendation of the Committee of Ministers to member states on management of patient safety and prevention of adverse events in health care (Adopted by the Committee of Ministers on 24 May 2006 at the 965th meeting of the Ministers' Deputies) https://search.coe.int/cm#{%22CoEIdentifier%22:[%209000016805ae8b5%22],%22sort%22:[%22CoEValidationDate%20Descending%22]} (03.12.2025).

23. Sozialgesetzbuch V (SGB V) – Gesetzliche Krankenversicherung, § 70 https://www.gesetze-im-internet.de/sgb_5/ (04.12.2025).

24. Stjernswärd, Sigrid and Stinne Glasdam, *The European Standard EN 17398:2020 on Patient Involvement in Health Care – a Fairclough-Inspired Critical Discourse Analysis,* https://pmc.ncbi.nlm.nih.gov/articles/PMC9014666/?utm_source (03.12.2025).

25. Vincent, Charles and René Amalberti, *Safer Healthcare: Strategies for the Real World,* Springer Open, 2016, https://link.springer.com/book/10.1007/978-3-319-25559-0 (07.12.2025).

26. Wiig, Siri, Marianne Storm, Karina Aase, Martha Therese Gjestsen, Marit Solheim, Stig Harthug, Glenn Robert, and Naomi Fulop, *Investigating the use of patient involvement and patient experience in quality improvement in Norway: rhetoric or reality?* BMC Health Services Research, 2013, https://doi.org/10.1186/1472-6963-13-206 https://link.springer.com/article/10.1186/1472-6963-13-206?utm_source (07.12.2025).

27. World Health Assembly, Global action on patient safety WHA72.6, 2019, https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R6-en.pdf (03.12.2025).

PSYCHOLOGICAL SCIENCES

COPING STRATEGIES OF WOMEN IN STRESS CONDITION: ATTITUDES AND BEHAVIORAL DIFFERENCES

Shafa Shamil Nasibova
PhD student, Department of Psychology;
Baku State University
DOI: 10.5281/zenodo.18313006

Abstract

Women's stress management strategies include utilizing social support networks, exercising regularly, practicing breathing exercises and meditation to stay present, eating healthily and paying attention to sleep patterns, pursuing hobbies, managing time effectively, and seeking professional support when needed; these strategies generally aim to improve quality of life and reduce the negative effects of stress. Today, as women cope with a multitude of responsibilities in their lives, stress has become an inevitable part of their lives. Work, family, social relationships, and many other factors can put women under pressure from time to time. At this point, it is critical for women to manage this stress in their lives in order to lead a healthy life and improve their quality of life. The main target of the study is to search this problem based on literature content, and researches. The method of the research id comparative critical content analyzes.

While there are many different strategies for coping with stress, meditation and stress management techniques can be particularly helpful for women in dealing with these challenges. In this article, we will focus on stress management and other techniques for women. We will examine how these techniques can bring balance to women's lives and how it is an effective tool for coping with stress.

Keywords: women, mental health, stress, coping skills, techniques, meditation

To effectively cope with stress, the first step is to identify where the stress originates in the person's life. It's crucial to pinpoint exactly why the person feels uncomfortable in specific situations. The psychologist should also observe the emotions the patient is experiencing at that moment and how he or she reacts to those emotions. Then, as a vital step towards solving the problem, they need to consider what can be done to change the situation they're experiencing.

The Effects of Stress on Women - The effects of stress on women can often leave a significant mark on both physical and mental health. In this section, we will examine the specific challenges women face in coping with stress and the effects of stress on their bodies.

Physical Effects- The physical effects of stress on women can manifest in a wide range. In this context, we will particularly examine issues such as menstrual irregularities, painful periods, and menopausal symptoms triggered by hormonal changes. Hormonal imbalances, combined with stress in women's lives, can lead to various health problems. Therefore, protecting women's physical health should also be an important goal when developing stress management strategies.

Effects on Health Problems - It is important to know that stress can trigger health problems that are more common in women. Common health problems such as migraines, headaches, and digestive problems can be among the negative effects of stress on the body. At this point, women need to consider not only their emotional but also their physical health when coping with stress. In this context, it is important that stress management strategies adopt an approach that supports both physical and mental health.

Mental Effects - Stress is known to increase the risk of anxiety and depression in women. While coping with the challenges of daily life, women can also become emotionally exhausted. Therefore, stress management strategies should aim to protect not only physical but also mental health. Meditation can play an important role in this context. Regular meditation practice can strengthen women's ability to cope with stress by promoting mental calmness and emotional balance (WHO, 2000).

Organs Damaged by Stress - Understanding the harmful effects of stress on the body is crucial for women to lead healthy lives. Stress can often target specific organ systems in the body and have long-term effects. In this context, understanding the organs most affected by stress in women is a fundamental step in developing effective stress management strategies.

Hormonal Imbalances and Women's Health - Stress can disrupt hormonal balance and affect women's reproductive health. Menstrual irregularities, painful periods, and menopausal symptoms are just a few of the effects of stress on women's lives. The regular functioning of hormones has a significant impact on women's overall health, so it's important that stress management strategies focus on maintaining hormonal balance.

Effects on the Digestive System - Stress can affect the digestive system, leading to many problems. Stomach aches, digestive problems, and irritable bowel syndrome are among the negative effects of stress on the digestive system. Women should integrate stress management techniques into their daily lives to cope with these effects.

Symptoms of Excessive Stress

Excessive stress can manifest not only emotionally but also physically. By recognizing the signs of excessive stress, women can intervene early and prevent

long-term health problems. Therefore, it is important to know and recognize the signs of excessive stress.

Physical Symptoms- Physical symptoms of excessive stress may include persistent headaches, muscle tension, sleep problems, and digestive problems. These symptoms may arise as a result of the body's stress coping mechanisms being overloaded. Women should implement stress coping strategies taking these physical symptoms into account (Matud et.al, 2004).

Mental and Emotional Symptoms - Excessive stress can also negatively affect mental and emotional health. Anxiety, depression, difficulty concentrating, and mood swings may be among the mental symptoms of excessive stress. In this case, practicing techniques that support mental health, such as meditation, can play an important role in women's stress coping process (Russo et.al.,2008).

Table 1.

Stress symptoms in women

Mental Symptoms	Physical Symptoms	Emotional Symptoms
Focusing on negativity Decreased interest in the environment Weakened social life Difficulty making decisions Mental confusion Lack of concentration Decreased attention Forgetfulness Increased insensitivity Negative thoughts about the future Constant preoccupation with other things	Shortness of breath Tremors in the hands Sleep disturbances Headaches Increased sensitivity to sound Palpitations Stomach ache Feeling of exhaustion Excessive sweating (in the hands or all over the body) Increased frequency of urination Dryness in the mouth and throat Excessive eating or loss of appetite Appearance of neck and back pain Increased premenstrual anxiety and tension in women	Restlessness and tension Increased anxiety Lethargy and apathy Sudden outbursts of anger Increased emotional sensitivity Feelings of inadequacy and worthlessness Decreased self-confidence Increased touchiness

Stress Reducing Factors - Developing effective strategies for coping with stress can help women improve their overall health and quality of life. Stress-reducing factors can include applicable and sustainable changes in daily life. In this section, we will examine various factors that can help women reduce stress.

Activity and Exercise - Physical activity is a powerful tool for coping with stress. Exercise can improve mood and reduce the effects of stress by increasing the release of endorphins in the body. Women can adopt an effective strategy in combating stress by exercising regularly.

Social Connections - Strong social connections with family, friends, and community can provide significant support in coping with stress. Talking, sharing feelings, and engaging in social interactions can help women reduce stress. Social support is considered an effective strategy in coping with stress.

Hobbies and Enjoyable Activities- Hobbies and enjoyable activities can play a significant role in helping women cope with stress. Activities such as reading books, painting, listening to music, or walking in nature can provide mental relaxation and reduce the effects of stress. It is important for every woman to find enjoyable activities that suit her interests.

Stress Management Techniques - Stress management can help women cope more effectively with the challenges they face in their daily lives. Stress management techniques can include strategies that support both emotional and physical health. In this section, we will discuss effective stress management techniques for women.

Deep Breathing and Meditation - Regular deep breathing is a simple but effective way to cope with stress. Meditation techniques can reduce the effects of stress by providing mental calmness. Women can adopt the practice of coping with stress by dedicating a few minutes each day to deep breathing and meditation.

Time Management - Effective time management can reduce stress in women's lives. Prioritizing, planning tasks, and using time efficiently can increase their ability to cope with stress. Women can apply time management techniques to organize their daily activities.

Positive Thinking and Reframing - Positive thinking and thought restructuring play an important role in coping with stress. Dealing with negative thoughts and looking at events from a positive perspective is an effective way to cope with stress. Women can cope with stress by adopting a positive mental attitude (Lee et.al.1999).

These factors and techniques can strengthen women's stress management skills and help them lead healthier lives (Rao, 2009).

Meditation Techniques - Meditation is considered an effective way to cope with stress. Regular meditation practice can help women manage stress by promoting mental calmness and emotional balance. In this section, we will discuss different meditation techniques for women.

Mindfulness Meditation - Mindfulness meditation is a technique focused on enjoying the present moment. Women can cope with stress by observing their breath, senses, and thoughts with momentary awareness using this meditation technique. This can help increase mental focus and inner peace.

Transcendental Meditation - Transcendental meditation is a form of meditation that provides mental silence and deep relaxation using a simple repetitive mantra. Women can reduce the effects of stress and achieve inner peace by practicing this meditation technique regularly.

Subconscious Clearing Meditation - Subconscious clearing meditation is a technique aimed at removing mental blockages. Women can cope with stress by clearing negative thoughts and emotions from the subconscious using this meditation method. This can help create a positive mental state.

Daily Meditation - Daily meditation aims to start the day energetically with a peaceful mind. Women can start their day positively by practicing a short meditation before starting their day. This meditation can help them better cope with stress during the day.

Stress Management Techniques - Coping with stress is critical for maintaining women's overall health. Different stress management techniques can help women cope with challenges in their lives. In this section, we will discuss effective stress management techniques for women.

Breath Meditation - Breath meditation is a stress management technique that involves deep and conscious breathing. Women can calm down and relax by taking deep breaths during stressful moments. This technique can be an effective tool in coping with immediate stress.

The Combination of Yoga and Meditation- Yoga is an activity that supports physical and mental health. When yoga practice is combined with meditation techniques, women can both strengthen their bodies and achieve mental tranquility. This can offer a comprehensive approach to coping with stress.

Integrating Stress Management Techniques into Daily Life - Integrating stress management techniques into daily life can help women cope with stress more effectively. Daily rituals such as short breaks, brief meditations, walks, or hobby activities can reduce the effects of stress and improve overall quality of life (Rao, 2009).

Conclusion: Coping with stress may sometimes not be possible through individual efforts. Women can receive more in-depth support by seeking professional help in coping with stress, working with a therapist or counselor. Professional help can be a valuable resource for emotional and mental health. While stress is an unavoidable reality in women's lives, these challenges can be overcome using effective stress management and meditation techniques. In this article, we focused on the importance of stress management and meditation for women, and also discussed various meditation techniques and methods of coping with stress (Morse et.al, 1993; Zender et.al, 2009).

Understanding the effects of stress on women's physical and mental health is the first step for women to cope with these issues. Stress, which can affect many organ systems, from hormonal imbalances to the digestive system, can negatively impact the quality of women's lives. However, one of the effective ways to cope with these effects is to integrate regular meditation practice and stress management techniques into their lives. Various meditation techniques, such as mindfulness meditation, transcendental meditation, subconscious cleansing meditation, and morning meditation, can help women find mental and emotional balance. However, meditation is not just a tool; It also becomes more effective when combined with stress-reducing factors such as healthy lifestyle habits, social connections, and positive thinking. Methods of coping with stress include breath meditation, a combination of yoga and meditation, integrating stress management techniques into daily life, and seeking professional help. These methods can help women strengthen their stress coping skills and lead healthier, more balanced lives. Another important point to remember is that each individual has different stress responses. Therefore, it is important to find stress coping strategies that suit personal needs. Women can try these methods to find the ones that work best for them and become stronger and more resilient in dealing with stress.

Acknowledgements- The author thank to the academic advisor, and Faculty staff for their support and care.

Conflict of Interest- None.

Funding - The Author received no funding for this research.

References

1. Dennerstein, L., Astbury, J., Morse, C., & World Health Organization. (1993). *Psychosocial and mental health aspects of women's health* (No. WHO/FHE/MNH/93.1. Unpublished). World Health Organization.

2. Lennon, M. C., & Rosenfield, S. (1992). Women and mental health: The interaction of job and family conditions. *Journal of health and social behavior*, 316-327.

3. Lee, C. (1999). Health, stress and coping among women caregivers: A review. *Journal of Health Psychology*, *4*(1), 27-40.

4. Matud, M. P. (2004). Gender differences in stress and coping styles. *Personality and individual differences*, *37*(7), 1401-1415.

5. Rao, K. (2009). Recent research in stress, coping and women's health. *Current Opinion in Psychiatry*, *22*(2), 188-193.

6. Russo, N. F., & Tartaro, J. (2008). *Women and mental health*. Praeger Publishers/Greenwood Publishing Group.

7. World Health Organization. (2000). Women's mental health: An evidence based review.

8. Zender, R., & Olshansky, E. (2009). Women's mental health: depression and anxiety. *Nursing Clinics*, *44*(3), 355-364.

TECHNICAL SCIENCES

ENVIRONMENTAL SPREAD OF HEAVY METALS FROM INDUSTRIAL SOURCES AND WATER CONTAMINATION

Rauf Jurakhonzoda
Tajik Technical University named after academician M.S.Osimi., Republic of Tajikistan, 734042, Dushanbe, academicians Rajabov's avenue 10
DOI: 10.5281/zenodo.18313355

Abstract

Water contamination by heavy metals has become a critical environmental concern due to rapid industrialization and inadequate waste management practices. This study examines the extent of heavy metal pollution in aquatic environments, with particular emphasis on hexavalent chromium (Cr(VI)) and lead (Pb), which pose significant risks to both ecosystems and human health. Using visualization-based analysis, the results reveal elevated concentrations of these toxic metals, primarily originating from industrial effluents, corroded distribution pipelines, and surface runoff from contaminated soils. The findings indicate that industrial discharges are the dominant source of Cr(VI) contamination, while lead pollution is strongly associated with aging infrastructure and anthropogenic land-use activities. The persistence and mobility of these metals in water bodies highlight their potential for bioaccumulation and long-term ecological damage. This study underscores the urgent need for improved industrial wastewater treatment, infrastructure rehabilitation, and stricter environmental regulations to mitigate heavy metal contamination and protect water quality.

Keywords: heavy metals, wastewater, water pollution, ecological situation, environmental pollution.

INTRODUCTION

Water contamination by heavy metals has become a growing environmental concern in Central Asia, where rapid industrial development and limited pollution control measures have led to increasing stress on water resources. Heavy metals such as chromium (Cr) and lead (Pb) are persistent pollutants that do not biodegrade and can accumulate in aquatic ecosystems, posing serious ecological and public health risks [1,2]. Industrial effluents, corroded infrastructure, and surface runoff are major contributors to the presence of these toxic metals in water bodies, leading to both acute and chronic exposure risks for local populations.

In the context of Tajikistan, heavy metal contamination of water resources has been documented in several studies. For example, research on the Zeravshan River, a major watercourse in the region, has shown long-term increases in heavy metals including chromium and lead as a result of anthropogenic activities, including industrial and municipal discharges [3]. Similarly, studies in northern Tajikistan have identified heavy metals including Pb and Cr as significant pollutants in surface waters, emphasizing deteriorating water quality in areas affected by human activity [4]. These findings align with broader evidence from Central Asian river systems, where key heavy metals often exceed regional water quality standards and present notable health risks [5].

The rapid expansion of new industrial factories in the Danghara and Aini regions of Tajikistan underscores the urgent need to assess local water quality. Newly established industrial zones may lack fully developed wastewater treatment systems, increasing the risk of heavy metal discharge into nearby surface and groundwater. In areas with developing infrastructure and limited environmental monitoring, early-stage contamination may go undetected until significant environmental degradation has occurred. Therefore, systematic monitoring of water resources surrounding these burgeoning industrial sites is essential to identify contamination patterns and inform mitigation strategies.

This study investigates heavy metal contamination in water samples collected from areas around new industrial factories in the Danghara and Aini regions. Emphasis is placed on hexavalent chromium and lead as key indicators of industrial pollution. By evaluating the distribution and concentration of these metals, we aim to provide baseline data, identify potential sources of pollution, and support the development of effective environmental management practices that ensure sustainable industrial growth and protection of regional water quality.

MATERIAL AND METHODS

The assay of the mineral element was carried out by adding 10 ml of hydrochloric acid 20% in the calcined samples (the white ash). The white ash obtained was dissolved in HCl 20% and further used to determine macro and microelements. For calibration curve, Centipur Merk multielement standard solution was used, and the determinations were made by the atomic absorption spectrometry technique, with the help of a VARIAN 240 FS spectrophotometer (U.S.A). The working conditions of the device were: air:acetylene ratio of 13.50:2, and the absorption rate of the nebulizer: 5ml/min. The minimum detection limits (MDL) for analyzed elements were 0.02 ppm for Mg and K; 0.06 ppm for Fe, Cu, Zn, and Mn; and 0.03 ppm for Ca. The results were expressed in ppm.

RESULTS AND DISCUSSIONS

The results indicate elevated concentrations of heavy metals in water samples collected near newly established industrial factories in the Danghara and Aini regions. In particular, hexavalent chromium (Cr(VI)) and lead (Pb) were detected at levels that suggest a strong influence of industrial activities on local water quality.

Table 1.

The main results from analyzed samples by AAS

Sample	Cr	**Ni**	**Pb**	**Cd**
	(ppm)			
	AAS Spectroscopy			
Water 5	1.788	-	-	-
Water 6	3.031	-	0.43	-

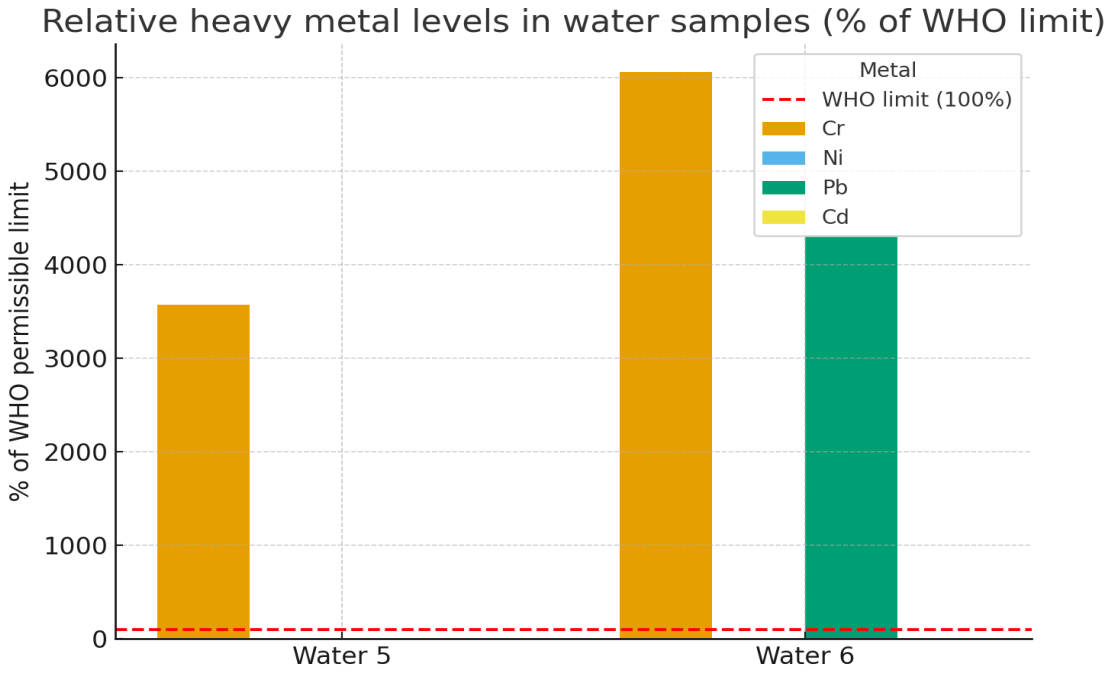
RESULT INTERPRETATION
WATER SAMPLES

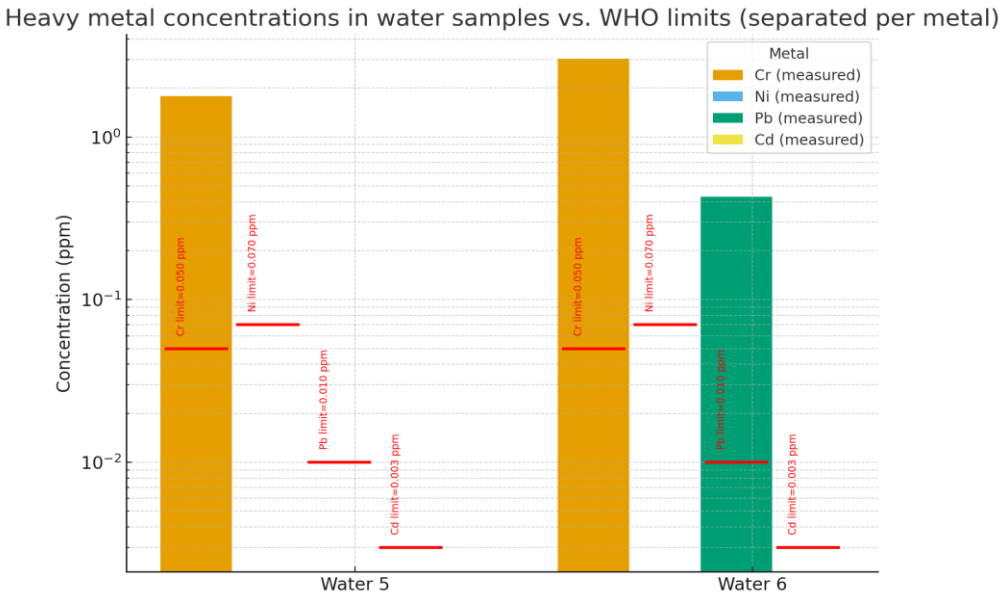
Table 2.

Interpretation of main results from analyzed samples by AAS

Metal	Range (ppm)	WHO drinking water guideline (mg/L ≈ ppm)	Interpretation
Cr	1.79–3.03	≤0.05	Exceeds permissible limit — indicates significant Cr contamination, likely from industrial or soil leaching sources.
Pb	0.43	≤0.01	Strongly exceeds permissible limit, suggesting pollution from pipes, paints, or soil runoff.
Cd, Ni	Not detected	≤0.003 (Cd) / ≤0.07 (Ni)	No data or below detection limit; safe if below thresholds.

All values are well below 100%, confirming no regulatory exceedances.





This visualization highlights the urgent contamination issue - especially hexavalent Cr and Pb, which typically originate from industrial effluents, corroded pipelines, or runoff from polluted soils.

CONCLUSIONS

This study assessed heavy metal contamination in water samples collected from areas surrounding newly established industrial factories in the Danghara and Aini regions. The findings reveal the presence of elevated concentrations of hexavalent chromium (Cr(VI)) and lead (Pb), indicating that industrial activities are already exerting a measurable impact on local water resources. The observed contamination patterns suggest that industrial effluents, combined with infrastructure-related factors and surface runoff, are the primary contributors to heavy metal inputs in the studied areas.

Although industrial development in these regions is relatively recent, the detected levels of Cr(VI) and Pb demonstrate early-stage environmental stress that may intensify if effective control measures are not implemented. The persistence and toxicity of these metals pose potential risks to aquatic ecosystems and human health, particularly through long-term exposure and bioaccumulation.

The results emphasize the importance of establishing regular water quality monitoring programs, improving industrial wastewater treatment systems, and enforcing strict environmental regulations in newly industrialized zones. Proactive management strategies are essential to ensure sustainable industrial growth while safeguarding water resources and minimizing the long-term environmental and health impacts of heavy metal pollution.

ACKNOWLEDGEMENTS

This paper was supported by the Faculty of Agriculture of the University of Life Sciences "King Mihai I" from Timisoara.

Bibliography

1. Alloway, B. J. (2013). *Heavy Metals in Soils: Trace Metals and Metalloids in Soils and their Bioavailability*. Springer, Dordrecht.
2. Tchounwou, P. B., et al. (2012). Heavy metal toxicity and the environment. *EXS*, 101, 133–164.
3. Abdiyeva, M. Sh., Nishonov, B. E., Sadiev, F. F. (2020). Contamination of Zeravshan River water with heavy metals. *Journal of Scientific and Engineering Research*. solidstatetechnology.us
4. Murotova, D. A., et al. (2022). Металлҳои вазнин ҳамчун омили ифлосшавии муҳити обии шаҳраки Адрасмон дар Тоҷикистон. *University Archive*. uchzap.tj
5. Comparative analysis and human health risk assessment of contamination with heavy metals of Central Asian rivers (2023). Heliyon.
6. Давлатзода, С. Х. Ҳифзи гуногунии биологии минтақаҳои кӯҳӣ дар шароити тағйирёбии иқлим / С. Х. Давлатзода, Р. Ҷ. Ҷурахонзода // Фурӯғи илм. – 2025. – No. 2. – P. 101-109.
7. Ҷурахонзода, Р. Ҷ. Тавсифи моддаҳои ифлоскунанда,гардиши экотокискантҳо(захролудкунандаҳои экологӣ)дар муҳити зист / Р. Ҷ. Ҷурахонзода // Вестник Технологического университета Таджикистана. – 2024. – No. 3(58). – P. 113-119.
8. Ecological and hydrochemical characteristics of groundwater / R. Jurakhonzoda, T. Majidzoda, D. Ibragimzade [et al.] // Research Journal of Agricultural Science. – 2025. – Vol. 57, No. 2. – P. 156-166. – DOI 10.59463/rjas.2025.2.19.

Deutsche internationale Zeitschrift für zeitgenössische Wissenschaft

• • •

№120 2026

German International Journal of Modern Science

• • •

№120 2026

Deutsche internationale Zeitschrift für zeitgenössische Wissenschaft ist eine internationale Fachzeitschrift in deutscher, englischer und russischer Sprache.

Periodizität: 24 Ausgaben pro Jahr
Format - A4
Alle Artikel werden überprüft.
Freier Zugang zur elektronischen Version des Journals

German International Journal of Modern Science is an international, German/English/Russian/Ukrainian language, peer-reviewed journal.

Periodicity: 24 issues per year
Format - A4
All articles are reviewed.
Free access to the electronic version of journal.

- Edmund Holst (Salzburg) AT
- Michaela Meissner (Köln) DE
- Klara Amsel (Liège) BE
- Briana French (Cambridge) GB
- Joleen Parsons (Manchester) GB
- Dragomir Koev (Sofia) BG
- Stanislav Štěpánek (Praha) CZ
- Valeriya Kornilova (Kyiv) UA
- Dmitriy Aksenov (Lviv) UA
- Valentin Bragin (Moscow) RU
- Mirosław Bednarski (Warsaw) PL
- Daniela Villa (Florence) IT
- Mattia Molteni (Rome) IT
- Sylwia Krzemińska (Ljubljana) SI
- Käte Kraus (Vienna) AT
- Eleonora Lehmann (Berlin) DE
- Alexander Dressler (Marseille) FR
- Zdzisław Małecki (Warsaw) PL
- Adrián Borbély (Budapest) HU

- Edmund Holst (Salzburg) AT
- Michaela Meissner (Köln) DE
- Klara Amsel (Liège) BE
- Briana French (Cambridge) GB
- Joleen Parsons (Manchester) GB
- Dragomir Koev (Sofia) BG
- Stanislav Štěpánek (Praha) CZ
- Valeriya Kornilova (Kyiv) UA
- Dmitriy Aksenov (Lviv) UA
- Valentin Bragin (Moscow) RU
- Mirosław Bednarski (Warsaw) PL
- Daniela Villa (Florence) IT
- Mattia Molteni (Rome) IT
- Sylwia Krzemińska (Ljubljana) SI
- Käte Kraus (Vienna) AT
- Eleonora Lehmann (Berlin) DE
- Alexander Dressler (Marseille) FR
- Zdzisław Małecki (Warsaw) PL
- Adrián Borbély (Budapest) HU

Artmedia24

Anschrift: Industriestraße 8,74589 Satteldorf Deutschland.

E-mail: info@dizzw.com
WWW: www.dizzw.com

Chefredakeur: Reinhardt Roth

Druck: Einzelfirma Artmedia24, Industriestraße 8,74589 Satteldorf Deutschland

Artmedia24

Address: Industriestrasse 8,74589 Satteldorf Germany.

E-mail: info@dizzw.com
WWW: www.dizzw.com

Editor in chief: Reinhardt Roth

Printing: Artmedia24, Industriestrasse 8,74589 Satteldorf Germany.

Der Redaktionsausschuss der Zeitschrift ist nicht verantwortlich für die veröffentlichten Materialien.

Für den Inhalt der Artikel sind die Autoren verantwortlich
Die Meinung der Redaktion spiegelt nicht unbedingt die Meinung der Autoren wider.

Bei Nachdrucken muss die Zeitschrift zitiert werden.

Das Material wird im eigenen Wortlaut des Autors veröffentlicht.

Editorial board of journal is not responsible for the materials published there.

Authors are responsible for the content of articles.

Opinion of editorial board may not coincide with the opinion of authors.

In case of materials reprinting - link to journal is required.
Materials are publishing in author's edition.

ISSN (Print) 2701-8369

ISSN (Online) 2701-8377

Edition: № 120/2026 (January) – 120th

Passed in press in January2026

Printed in January, 2026

Printing: Artmedia 24, Industriestrasse 8,

74589 Satteldorf, Germany.

© Artmedia24

© Deutsche internationale Zeitschrift für zeitgenössische Wissenschaft / German International Journal of Modern Science